Count	E OF DEA	-	corge	0 - m	anyland Registration Dist. No. 2 15
WITH O	e or City	Higat	toville	2	No. 18 - avon ave st.
Length	of residence in a	city or town where	death occurred		f death occurred in a hospital or institution, give its NAME instead of street and number) s. ds. How long In U.S. if of foreign birth?
		Barbas	1	au O	iello :
	esidence: No.		avon	ave - 1	Lyalverile St., Ward.
				e of abode)	If nonresident give city or town and State
3. SEX		ND STATIST			MEDICAL CERTIFICATE OF DEATH
Ferna	le le	or or race		RRIED, WIDOWED, ED (write the word)	21. DATE OF DEATH Secender 20 (Month) (Day) (Yes
5a. If married HUSBAN (or) WIF	, widowed, or div ID of E of	rorced			22. I HEREBY CERTIFY, That I stended deceased
		0	10	- 1919	We \$ 1931, to Nic 2 1.18
6. DATE OF I	BIRTH (month, de	ey, and year) Months	Days	If LESS than	to have occurred on the date stated above, at 4 - 8. m.
r. AGE	2	6	Days	l day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance
Z 8. Trade	e, profession, or p	particular		i ot iiiiis	Provole Present
	nd of work done AWYER, BOOKKE stry or business I				
A D W	ork was done, as AW MILL, BANK,	SILK MILL,	V		
	deceased lest wo	orked at		time (years)	
K) ye	ear)	(.1 /	00	eupation	Other Coutributury Causes of importance:
	ACE (city or town)) Wash	Mon	al.	Stifte Coo. Handly tecu
	1	an L	aielli	7	
13. NAME	HPLACE (city or t	For to	ondal	<u></u>	Name of operation Oate of
	State or country)		Ten	a	What test confirmed diagnosis? Was there an autopsy?
15. MAID 16. BIRTH	EN NAME	ingela	t con	u	23. If death wes due to external causes (VIOLENCE) fill in also the following:
16. BIRTI	HPLACE (city or t	town)	mode		Accident, suicide, or homicide? Date of injury, 15 Where did injury occur?
17. INFORMAL		eous L	. Que	llo	(Specify city or town, county and State) Specify whether Injury occurred In INDUSTRY, in HOME, or in PUBLIC PLACE.
	REMATION, OR	REMOVAL TO	10 % Date of De	cd2,1931	Manner of injury
19. UNDERTA		Jasch	e Som	v o	24. Wes disease or injury In eny wey related to occupation of deceesed?
(Addr	ess)	yeally	rely 1	Mo	If so, specify

BAC BAC

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis	1915	Attack of cpilepsy	1 week ago	
Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cercbral hemorrhage	July 5, 1927	Peritonitis	3 days ago	
SUREAU V. S.				
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

No.

V. S.

23

PLACE OF DEATH	STATE OF MARYLAND
County Pr. George	CERTIFICATE OF DEATH
0	Registration Dist. No.
Village or City Jamhana (No.	St.: Ward) (If death occurred in
2 FULL NAME Gustav albert Bo	a hospitul or institu- tion, give its NAME is stend of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Male 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word)	16 DATE OF DEATH December 5 , 1931 (Month) (Day) (Year)
6 DATE OF BIRTH	17 I HEREBY CERTIFY, That I attended the deceased from
Dec. 24, 1878	De 4 1931. to He 5, 1931,
(Month) (Day) (Year)	that I last saw h 1M alive on Dec y in 1921,
7 AGE If LESS than I dayhrs.	and that death occurred on the date stated above, at
5 2 yrs. // mos. // ds. or min.?	
6 OCCUPATION (a) Trade, profession or	Mitsal regus greation with
particular kind of work (anay may)	decompensation.
business, or establishment in	(Duration) yrs. mos. de.
which employed or (employer)	Contributory
(State or country) Jondon . England	Secondary (Duration)
10 NAME OF FATHER C. T. T. J. Basel	(Signed) John J. Maloney M. D.
11 BIRTHPLACE	Dec 5/ 191 (Address) Chevery Md.
OF FATHER	
State or country) Gramany	*State the Disease Causing Death, of in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
of MOTHER Sophia Dergentuf	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans- ients or Recent Residenta)
13 BIRTHPLACE OF MOTHER	At place In the of death yrs mos ds. State yrs ds.
(State or Country) 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted,
14 THE ABOVE IS TRUE TO THE BEST OF MYTHOWLEDGE	if not at place of dea.h?
(Informant) Mrs. annald. Bagelmann	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
(Address) Lanham Mid.	Washington DC 12, -731
15 Filed Dea Fol 1981 Mrs John W. Honor	20 UN DERTAKER WAN A COMMENT STANCES
D.L. Regiatras	IT I Wear and.

(Approved by U. S. Census and American Public Health Association.)

state occupation at beginning of illness. If retired from Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The material additional line is provided for the latter statement; it the first line will be sufficient, e. g., Farmer or Planter, fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocshould be used only when needed. As examples: (a) nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomolive engineer, tion applies to each and every person, irrespective of whatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed work, or At Home, and children, not gainfully employed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Houseen at home, who are engaged in the duties of the worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealhousehold only (not paid Housekeepers who receive a report specifically the occupations of persons en-For many occupations a single word or term on yrs). For persons who have no occupation Farm laborer, Laborer-Coal mine, etc. Womwithout more precise specification as Day

Statement of Cause of Death—Name, first, the DIS-EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,"

> atic), "Atrophy." "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," inges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of (name origin; "Cancer" is less definite; avoid telanus) may be stated under the head of "contributory." carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. For VIOLENT DEATHS state MEANS OF INJURY State cause for which surgical operation was underdiseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. can be ascertained as the cause. Always qualify all "Uraemia," "Weakness," etc., when a definite disease 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), stated unless important. (secondary or intercurrent) affection need not be Chronic interstitial nephritis, Whooping | cough; use of "Tumor" for malignant neoplasms); Measles; unqualified, is indefinite); Tuberculosis of lungs, menapproved by Committee on Nomenclature of the as fracture of skull, and consequences (e. g., sepsis, American Medical Association.) (Recommendations on statement of cause of death Examples: Accidental drowning; Struck by railway train-Chronic valvular heart disease; Example: Measles (disease etc. The contributory

If this certificate is looked over thoroughly and a'l questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

state Every item of inforof OCCUPApluods PHYSICIANS statement Exact PERMANENT EXACTL properly classified. FOR BINDING MARGIN RESERVED plnods supplied. CAUSE OF DEATH in plain terms, mation should be carefully TION is very important. -WRITE PLAINE

18. BURIAL, CREMATION, OR REMOVAL

20. FILED Dec. 16, 1931 Mrs. Joh

19.

	CERTIFICATE OF DEATH 145	69
1. PLACE OF DEATH	95-6	
County Prime Levyes	Registration Dist. No. 24	21
Village or City Landan	No. St.,	Wa
	f death occurred in a hospital or institution, give its NAME instead of street and m	
Length of residence in city or town where death occurred O yrs. I mos	s. 23 ds. How long in U.S. if of foreign birth? yrsmos	
2. FULL NAME John Henry Dan	ke	
(a) Residence: No. Lauland, ms.	St., Ward.	
(Usual place of abode)	If nonresident give city or town and S	tate
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married Married	21. DATE OF DEATH (Month) (Day)	193 / (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE-of 6. DATE OF BIRTH (month, day, and year) 7 P. 9 18 (0 8)	1 HEREBY CERTIFY, That I attended d December 2, 1931, to December Hast saw haim alive on December 13, 1931;	3, 19 3
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at _ 3 Pm.	
6 63 10 25 1 day, hrs.	The PRINCIPAL CAUSE OF DEATH and related causas of Importance	
	were as follows:	Date of ons
8. Trada, profession, or particular kind of work done, as SPINNER, Ribroad Labrer SAWYER, BDDKKEEPER, atc.	rypuvercor	may
Industry or business in which	C + C 1: 10:0++.	193
work was done, as SILK MILL, Railroad W. 8+++	acute carmae revalue	wee.
10, Date deceased last worked at 11. Total time (years)		193
this occupation (month and may 1930 spant in this year)		
12. BIRTHPLACE (city or town) Landone P.O	Other Contributory Causes of importance;	
(State or country) maryland	-	
13. NAME Benjamin Banks		
14. BIRTHPLACE (city or town) Links		
14. BIRTHPLACE (city or town)	Name of operation Date of	

MOTHER

23. If death was due to external causes (VIOLENCE) fill In also the following 16. BIRTHPLACE (city or town) (State or country)

(Specify city or town, county and State) 17. 1NFORMANT (Address)

Place Carried Date Control 1951	Natura of injury
UNDERTAKER F. Gasall Said	24. Was diseasa or injury in any way related to occupation of deceased?
(Address) Black Burg mid	If so, spacify

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arterioselerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
The state of the s			THE
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
		,	

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
				1		

B.--Every Item of Information should be carefully supplied. ACE should be stated EXACTLY, PHYSI-CIANS should state CAUSE OF DEATH in plain terms so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. ORD TR MARGIN RESERVED FOR BINDING ITH UNFADING INK--THIS IS A PERMAN WRITE PLA ż

V. S. No. 1

PLACE OF DEATH	ens Laure STATE OF MARYLAND
County Omice George	CERTIFICATE OF DEATH
1	Registration Dist. No. 239
Village or City Famel. (No	St.: Ward) (If death occurred in a hospitat or institution, give its NAME Instead of street and
2FULL NAME Wastard Policy	number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Junale White Shore (Write the word)	Gentler (Month) 24 (Day) 1931 (Year)
6 DATE OF BIRTH 20 1852	17 HEREBY CERTIFY, That I attended the deceased from 1921. to Dec 24, 1981,
(Month) (Day) (Year)	that Plast saw he alive on Me 24, 1921,
7 AGE 19 yrs. // mos. H ds. or min.?	and that death occurred on the date stated above, at 6:45 Pcm. The CAUSE OF DEATH * was as follows:
a) Trade, profession or Honsewife particular kind of work	
(b) General nature of industry business, or establishment in which employed or (employer)	(Durstion) yrs. mos ds.
9 BIRTHPLACE (State or country) Howard les Fultons	Contributory Secondary M. (Dufation)
10 NAME OF FATHER Inlly Amalboard	(Signed) When & M. D. Dec 24 1931 (Address) Lange m. D.
State or country)	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
of MOTHER marthallams	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans- ients or Recent Residents)
13 BIRTHPLACE OF MOTHER (State or Country)	At place of death yrs mos ds. In the State yrs mos ds. Where was disease contracted,
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	if not at place of death?
(Address) Famel md.	19 PLAGE OF BURIAL OR REMOVAL About PATE OF BURIAL Mark Sucley and Suc 29, 195/
15 Filed Ree 27. 192 M. Brasheau Registras	Le Di Ell Anelden Gamel Med
If more branks are needed, address State Registra	r, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

er," etc., without more process. Coal mine, etc. Wom-laborer, Farm laborer, Laborer—Coal mine, etc. Wom-Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery, (a) Foreman, (b) Automobile factory. The materia should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e.g., Farmer or Planter, tion applies to each and every fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of octired 6 yrs). For persons who have no occupation state occupation at beginning of illness. If retired from gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed definite salary), may be entered as Housewife, Houseworked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Physician, Compositor, Architect, business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken work, or At Home, and children, not gainfully emen at home, who are engaged in the duties of the whatever, write None. household only (not paid Housekeepers who receive a For many occupations a single word or term on person, irrespective of Locomotive engineer,

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphilheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

Recommendations on statement of cause of death "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "(Inanition," "Marasmus," "Old Age," "Shock," causing death), 29 ds.; Bronchopneumonia (secondary), stated unless important. approved by tetanus) may be stated under the head of "contributory." carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, State cause for which surgical operation was under-"PUERPERAL seplicaemia," "PUERPERAL perilonilis," etc. diseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptom-(secondary Chronic interstitial nephritis, use of "Tumor" for malignant neoplasms); Measles; unqualified, is indefinite); Tuberculosis of lungs, men-American Medical Association.) as fracture of skull, and consequences (e.g., sepsis, "Uraemia," "Weakness," etc., when a definite disease Whooping Examples: Accidental drowning; Struck by railway train-"Atrophy," "Collapse," "Coma," "Convulsions, FOR VIOLENT DEATHS state MEANS OF INJURY cough; or intercurrent) Committee on Chronic Example: Measles (disease affection need not be etc. The contributory valvular heart Nomenclature disease;

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

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1PLACE	OF	DEATH
County Pr	ui	releages

11 BIRTHPLACE

OF FATHER

OF MOTHER

13 BIRTHPLACE

OF MOTHER (State or country

(Address)

(State or country) 12 MAIDEN NAME

PARENTS

ATION

STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No. 23/

	ULL NAME Pleasant Brown	St.: Ward) St.: Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)
PERSO	ONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX	4 COLOR OR RACE 5 SHNSCE, MARRIED, WIDOWED. Warned (Write the word)	16 DATE OF DEATH ALCOHOLD 25, 193/
6 DATE OF B	(Month) (Dsy) (Year)	that I last saw has alive on 192
7 AGE		and that death occurred on the date stated above, at 4 P. m. The CAUSE OF DEATH * was as follows: Natural Causes. Jud
(h) Canaral	profession or Lind of work	feilen (Duretion) yn Seedeleyde
which emples BIRTHPLAC		Secondary Alify Burkion Doling Corner de
10 NAME FATHE	Broug	(Signed) W. allew leffetty Curredo Pluga engl

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents) In the

Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.

*State the Disease Causing Death, or, In

At place of death... Where was disease contracted, if not at place of death?.

Former or ususl residence

20 UNDERTAKER

deaths from

Registrar

If more blanks are needed, address State Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

should be used only when needed. As examples: (a) additional line is provided for the latter statement; it Civil engineer, Stationary fireman, etc. But in many fulness of various pursuits can be known. cupation is very important, so that the relative health-Statement of Occupation-Precise statement of octired 6 yrs). state occupation at beginning of illness. If retired from gaged in domestic service for wages, as Servant, Cook ployed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Houseen at home, who are engaged in the duties of the er," etc., without more precise specification as Day worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Spinner, (b) Cotton mill; (a) Salesman, nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is necesthe first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of whatever, write None. business, that fact may be indicated thus; Farme or given up on account of the DISEASE CAUSING DE Housemaid, etc. If the occupation has been changed to report specifically the occupations of persons enhousehold only (not paid Housekeepers who receive a laborer, Foreman, For many occupations a single word or term on or At Home, and children, Farm laborer, Compositor, Architect, For persons who have no occupation (b) Automobile factory. The material Laborer--Coal mine, etc. Wom-Locomotive not gainfully em-(b) Grocery; engineer,

Statement of Cause of Death—Name, first, the pis-EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accept ed term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebros; inal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

> Recommendations on statement of cause of approved by telanus) may be stated under the head of "contributory." diseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL perilonitis," etc. "Debility" ("Congenital," "Senile," etc.), "Dropsy, "Exhaustion," "Heart failure," "Haemorrhage, atic), "Atrophy," "Collapse," "Coma," "Convulsions, stated unless important Example: Measles (disease American Medical Association.) as fracture of skull, and consequences (e. g., sepsis, carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, State cause for which surgical operation was undercan be ascertained as the cause. "Uraemia," "Weakness," etc., when a definite disease tions, such as "Asthenia," "Anaemia" (merely symptom-(secondary or intercurrent) affection need not be Chronic interstitial nephritis, use of "Tumor" for malignant neoplasms); (name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, men-Examples: Accidental drowning; Struck by railway train-"Inanition, causing death), 29 ds.; L. Whooping cough; perilonaeum, etc., Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS state MEANS OF INJURY " "Marasmus," "Old Age," "Shock, Committee on Nomenclature Chronic Carcinoma, Sarcoma, etc., of chopncumonia (secondary), etc. valvular heart The contributory Always qualify all Measles; disease

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

JAN

1932

Exact

N N	PERM,	houle
NO R	IS A F	ACE
MARGIN RESERVED FOR BINDI	TE PLA LY TH UNFADING INK-THIS IS A PERM	m of information should be carefully supplied. ACE should
MA	PLALTH UI	of information should
	TE	2

PLACE OF DEATH
County Prince Georges
C .

14572

STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. I	No. 14	5
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Village or City Was Slawys (No	St.: Ward) (If death occurred in a hospital or institution, give its NAME in stead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
hende white Single. MARRIED Single MIDOWED SUI PU OR DIVORCED (Write the word)	16 DATE OF DEATH (Month) (Day) (Year)
6 DATE OF BIRTH Contact Sq., 193/ (Month) (Day) (Year)	17 I HEREBY CERTIFY, That I attended the deceased from
7 AGE If LESS than I day hrs. or min.?	The CAUSE OF DEATH * was as follows:
particular kind of work (b) General nature of industry business, or establishment in which employed or (employer) 9 BIRTHPLACE (State or country) 10 NAME OF FATHER 11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER 12 MAIDEN NAME OF MOTHER 13 MAIDEN NAME OF MOTHER 14 MAIDEN NAME OF MOTHER 15 MAIDEN NAME OF MOTHER 16 MAIDEN NAME OF MOTHER 17 MAIDEN NAME OF MOTHER	(Durstion) Contributory Secondary (Durstion) (Durstion) (Signed) (Signed) (Address) State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal. 18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans
13 BIRTHPLACE OF MOTHER (State or country) 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	ients or Recent Residents) At place In the of death yrs des State yrs mos yrs yrs yrs yrs yrs yrs yrs yrs yrs yr
(Address) Borwy, W. G. Filed Ll. 29, 1931 Mw. Jao Sovers Registrar	19 PLACE OF BURIAL OR REMOVAL Washington Al. 6' Vec 29, 19 3 20 UNDERTAKER T Gasche Sone Hyallsville MATE OF BURIAL PARES Apples Material Material
If more bianks are needed, address State Registra	r, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

8. No. 1

N. B.

(Approved by U. S. Census and American Public Health Association.)

tired 6 yrs). For persons who have no occupation state occupation at beginning of illness. If retired from Spinner, (b) Cotton mill; (a) Salesman, should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocwhatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH. gaged in domestic service for wages, as Servant, Cook to report specifically the occupations of persons enployed, as Al school, or Al home. Care should be taken work, definite salary), may be entered as Housewife, Houselaborer, Farm laborer, Laborer—coat mine, etc. wun-en at home, who are engaged in the duties of the household only (not paid Housekeepers who receive a worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Housemaid, etc. Foreman, For many occupations a single word or term on or At Home, and children, not gainfully em-Farm laborer, Laborer-Coal mine, etc. without more precise specification as Day (b) Automobile factory. The materia If the occupation has been changed (b) r,""Deal-Grocery, Wom-

Statement of Cause of Death—Name, first, the DIS.

EASE CAUSING DEATH (the primary affection with respect)
to time and causation), using always the same accept,
ed term for the same disease. Examples: Cercirospinal
fever (the only definite synonym is "Epidemic cerebros; inal meningitis"); Diphtheria (avoid use of "Croup");
Typhoid fever (never report "Typhoid Pneumonia");
Lobar pneumonia, Bronchopneumonia ("Pneumonia,"

approved by Committee on Nomenclature "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. "Debility" ("Congenital," "Senile," etc.), "Dropsy,"
"Exhaustion," "Heart failure," "Haemorrhage," tions, such as "Asthenia," "Anaemic" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," stited unless important Example: Measles (disease inges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of (name origin; "Cancer" is less definite; avoid "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease American Medical Association.) (Recommendations on statement of cause of death telanus) may be stated under the head of "contributory." as fracture of skull, carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by Examples: Accidental drowning; Struck by railway train or as probably such, if impossible to determine definitely and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, State cause for which surgical operation was underdiseases resulting from childbirth or miscarriage as can be ascertained as the cause. 10 ds. Never report mere symptoms or terminal condicausing death), 29 ds.; L. (secondary or intercurrent) Chronic interstitial nephritis, Whooping cough; Chronic use of "Tumor" for malignant neoplasms); Measles; unqualified, is indefinite); Tuberculosis of lungs, men-FOR VIOLENT DEATHS State MEANS OF INJURY and consequences (e. g., sepsis, chopneumonia (secondary), etc. affection need valvular heart disease; The contributory Always qualify all not be

If this certificate is looked over theroughly and a'l questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

483	STATE OF MARYLAND—	CERTIFICATE OF DEATH
infor- state UPA-	1. PLACE OF DEATH	34 14573
m of OCC	Village or City Laure Moles	Registration Dist. No. 239 No. St., War
i s		f death occurred in a horpital or institution, give its NAME instead of street and number) sds. How long In U.S. if of foreign birth?yrs
RD.	(a) Residence: No. 6 48 (Usual place of abode)	St., Ward. If nonresident give city or town and State
PH PH xact	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
	3. SEX 4. COLOR OR RACE OR DIVORCED (write the word) Struck	21. DATE OF DEATH (Month) (Day) (1937) (Year)
AN AC VC ssifi	58. If married, widowed, or divorced HUSBAND ot (or) WIFE of	22. I HEREBY CERTIFY, That I attanded dacassed tro
H 7 6	6. DATE OF BtRTH (month, day, and year) NOV 9 19 9 7 7. AGE Years Months Days If LESS than 1 day,	t last saw h alive on See 15, t9 37; death is sai to have occurred on the date slated above, at 5, 3,0 G m. The PRINCIPAL CAUSE OF DEATH and related causes of importance
- 10	8. Trada, protession, or particular kind ot work dona, as SPINNER, SAWYER, BDDKKEPER, atc.	wera as tollows: Date of once 11 2
K—T nould may back	Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, atc	Thruffuny 11/9
7 4 - 3	this occupation (month and spant In this occupation 12. BIRTHPLACE (city or town) (State or country)	Other Contributory Causes of importanca: Distance Distance 12/19
MA H U sup in t	13. NAME 13. NAME 14. BIRTHPLACE (city or town) The sufficient (State or country)	Name of operation Date of Whet test confirmed diagnosis? Was there an autopsy?
INLY, WE be carefull EATH in plimportant.	15. MAIDEN NAME 15. MAIDEN NAME 16. BIRTHPLACE (city or town). Talling (State or country) 17. INFORMANT.	23. It death was due to external causes (VIOLENCE) fill in also the following: Accident, suicide, or homicide?
E S E	18. BURIAL, CREMATION, OR REMOVAL Pleca Date 19/19 19.3/	Mannar of Injury
B. B.	19. UNDERTAKER The WE White Co. (Address)	24- Was disease er injury In any way ralated to occupation et deceasad?
N. N.	20. FILED Nec /8 , 193 / M. Dras Near Registrar. If more blanks are needed, address State Registrar.	(Signed) M. (Address) M. (Addre

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.-The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

	Example I	1	Example II	
The principal cause of importance were	of death and related causes as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	RECEIVED	1915	Attack of epilepsy	1 week ago
Chronic interstitial ne	phritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	e_ 11 1	July 5,1927	Peritonitis	3 days ago
	BURBAU			
Other contributory	causes of importance:		Other contributory causes of importance:	
Gallstones		May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

PHYSI-14574 10 EXACT It may be proporty eres on back of certificate. stated 1 COLOR OR RACE 5 SINGLE,
MARRIED,
WIDOWED 3 SEX should PERM OR DIVORCED (Write the word) BINDING 6 DATE OF BIRTH y supplied ACE sin terms so that It (Month) (Day) (Year) 7 AGE If LESS than I day....hrs 6 .. ds. or ... min. 8 OCCUPATION RESERVED (a) Trade, profession or be carefully ATH in plain particular kind of work carefully very Important. (b) General nature of industry WITH UNFADING business, or establishment in which employed or (employer)..... 9 BIRTHPLACE (State or country) DEA. MARGIN should 10 NAME OF FATHER OF Every Item of Informacing CHANS should state OAUSE Statement of OCCUPATION 11 BIRTHPLACE ARENT OF FATHER (State or country 12 MAIDEN NAME OF MOTHER 0. 13 BIRTHPLACE OF MOTHER (State or country) 14 THE ABOVE IS TRUE 00 Registrar 22

if more blanks are needed, address State Registrar. 16 W. Saratoga St., Balto., Requesting V. S No. 1.

STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No. 243

110	ell	. Ward)	If death occurred in a hospital or institu- ion, give its NAME in- etend of street and number.)
Ī	MEDICAL CERTIFI	CATE	F DEATH
	16 DATE OF DEATH 8	e	21 192 F
		onth)	(Day) (Year)
	I viewed body we		
	that I last saw h . D. Leeve or 2.	1 al	out 4 MM.
	and that death occurred on the da	te stated	above, at
	The CAUSE OF DEATH & was as for	ollows	111. Ac
	The patient waslas	y ve	the UNIVE
	In W. Wassen 1212 H	+ 01	un orn Telefle
	Child had siptly		· · · · · · · · · · · · · · · · · · ·
	and was symbolish	ion)	.yrede
	Contributory. Secondary	9	
	Durat	V//	yrsde
	(Signed) James Ko / au	// //	М. D
	Drell. 2.2. 193 /. (Address)		
	*State the Disease Cansing Violent Causes, state (1) Means Accidental, Suicidal or Homicida	Death, of Injural.	or, in deaths from y: and (2) whether
-	18 LENGTH OF RESIDENCE (Fo	r Hospit	als, Institutions, Trans-
1	At place	In the	
1	of death yrs, mos da. Where was disease contracted,	State,	yrsmosda
	if not at place of death?		
	usual residence		
-	19 PLACE OF BURIAL OR REMOV	VA.	BATE OF BURIAL
1	20 DO DERTAKER	vy!	Nec 23 19 ! .:
	All	1 1	- 0 - 0

(Approved by U. S. Census and American Public Health Association.)

ployed....

gaged in domestic service for wage

Housemaid, etc. If the occupation has been plant,
or given up on account of the biss services plant,
state occupation at beginning of illness. If retired from
business, that fact may be indicated that: Farmal (12)
tired 6 prs.). For persons who have no occupation
hateyer, write None. definite salary), may be entered a Hous wife, Houseen at home, who are engaged in the Never return "Laborer," "Foreman," "Manager," "Deal-Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; additional line is provided for the latter statement; it household only (not paid Housekeeper, who receive a laborer, Farm laborer, Laborer-Coal mine, etc. Womworked on may form part of the should be used only when needed. nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the Civil engineer, Stationary fremen, etc. But in many Physician, Compositor, Architect, Locomotive engineer, the first line will be sufficient, e. g., Farmer or Planter, cupation is very important, so that the relative health (a) Foreman, (b) Automobile factory. tion applies to each and every person, irrespective of fulness of various parsuits can be known. The ques-Statement of Occupation Precise statement of oc For many occupations a single word or 01: especially in industrial employment, it is neces-At Home, and children, not sainfully emwithout more precise specification as As carples: (a) seeml statement. duries of the Ti material Day

EASE CAUSING DEATH (the primary affection it's respect to time and causation), using always the same a cept of term for the same disease. Examples of the object of the only definite synonym is "Epilesnic cerupto spinal meningitis"); Diphtheria (avoidus of "Croup"): Typhoid fever (never report "Typhoid pneumonia."): Lobar pneumonia, Bronchopneumonia ("Pneumonia.")

wered in detail, it will prevent further correspond-

data is essential and must be obtained before

ate is permanently filed

Examples: Accidental drowning; Struck by railway as probably such, if impossible to determine definitely discases resulting from childbirth or miscarriage as conditions, such as "Asthenia." "Anaemia" and qualify as ACCIDENTAL, SUICIDAL, OF HOMICIDAL, taken. "Puenperal septionemia." "Puenperal poritonitis," can be ascertained as the cause. "Uracmia," "Treatmest," etc., when a definite discase rhage," "Inaultion." "Marasmus," "Old Age." "Shock," "Dropey." "Exhaustion," "Heart symptomatic), "Atrophy," "Collapse," ary), 10 ds. Never report mere symptoms or terminal unqualified, is indefinite); Tuberculosis of lungs, men Poisoned by carbolle acid-probably suicide. The na train-accident; Revolver around of head-homicide; State cause for which surgical operation was undervalsions." causing stated unless important. Chronic interstitial nephritis, etc. use of "Tumor" mgrs. peritonaeum, etc., are of the injury, as fracture of skull, and conse (secondary Whooping cough; Chronic valvular heart discase; (name origin; "Cancer" is less definite; avoid onces (e.g., sepsis, tetanus) may be stated under the nelature of the American Medical Association.) of cause of death approved by Committee FOR VIOLENT DEATHS STATE MEANS OF INJURY certificate is lanked over thoroughly and all ques-"contributory." death), "Debility" or intercurrent) affection need not be 29 ds.; Bronchopneumonia for malignant neoplasms); ("Congenital," "Senile," etc.), (Recommendations on state-Curcinoma, Sarcoma, etc., Example: Meastes Always quality all failure." "Haemor-The contributory "Coma, Mcastes; (disease (merely (second-"Conetc.



George Va. Warren, M. D.

WASHINGTON, D. C.

Thighbridge Ald. Dick are Week, I saw the decent at 12 m Dec 21 31.

Cyanored with Cronf. hord been I very had for 24 hours. died about Hodrek P. M. Dec 21 31. for moderable into aga from as 2 get are.

Dec 27,31

1. PLACE OF DEATH County Village or Citys System of testand and state and an another and the second of the secon
Village or Citys beyond the second of the se
Length of residence in city or town where death occurred yes. — mos. — ds. How long in U.S. if of foreign birth? — yrs. — mos. — mos. — ds. How long in U.S. if of foreign birth? — yrs. — mos. — mos. — long in U.S. if of foreign birth? — yrs. — mos. — long in U.S. if of foreign birth? — yrs. — mos. — long in U.S. if of foreign birth? — yrs. — mos. — long in U.S. if of foreign birth? — yrs. — mos. — long in U.S. if of foreign birth? — yrs. — mos. — long in U.S. if of foreign birth? — yrs. — mos. — long in U.S. if of foreign birth? — yrs. — mos. — long in U.S. if of foreign birth? — yrs. — mos. — long in U.S. if of foreign birth? — yrs. — mos. — long in U.S. if of foreign birth? — yrs. — long in U.S. if of preign birth? — yrs. — long in U.S. if of preign birth? — long in U.S. if of preign birth? — yrs. — long in U.S. if of preign birth? — long in U.S. if of preign birth? — yrs
Length of residence in city or town where death occurred yrs
(a) Residence: No
(a) Residence: No
PERSONAL AND STATISTICAL PARTICULARS 3. SEE 4. COLOR OR RACE OR BIVORCED (**price the word) 55. If married, widowed, or divorced HUSBAND of (or) Wife of (or)
3. SEV 4. COLOR OR RACE OR DIVORCED (registe the word) Sa. If married, widowed, or divorced HUSBAND of (or) WIFE of Selection of the selectio
OR DIVORCED (write the word) Sa. If married, widowed, or divorced HUSBAND of (or) WIFE of William County 6. DATE OF BIRTH (month, day, and year) 7. AGE Years Months Days If LESS than I day, hrs. or min. 8. Trade, profession, or particular kind of work dona, as SPINNER, SAWYER, BODKEPER, etc. 9. Industry or business in which work was dona, as SPINNER, SAW MILL, BANK, etc. 9. Industry or business in which work was dona, as SILK MILL, SAW MILL, BANK, etc. 10. Date deceased last worked at this occupation (month and year) 12. BIRTHPLACE (city or town) (State or country) 14. BIRTHPLACE (city or town) (State or country) Name of operation Name of operation Name of operation Name of operation Was there an au What test confirmed diagnosis? Was there an au Was there and au Was there an au Was there an a
HUSBAND of Corr) WIFE of Corrections and the correction of Corry WIFE of Corrections and Corre
6. DATE OF BIRTH (month, day, and year) 7. AGE 72 Yaars Months Days If LESS than 1 day, hrs. or min. 8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOUKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Date deceased last worked at this occupation (month and year) 12. BIRTHPLACE (city or town) (State or country) Montrose (State or country) Name of operation. Name of operation. Name of operation. Was there an au Was there an au Was there an au Was there an au
AGE Years Months Days If LESS than 1 day, hrs. or min. 8. Trade, profession, or particular kind of work dona, as SPINNER, SAWYER, BDDKKEPER, etc. 9. Industry or business in which work was dona, as SILK MILL, SAW MILL, BANK, etc. 10. Date deceased last worked at this occupation (month and year) 12. BIRTHPLACE (city or town) (State or country) 13. NAME 14. BIRTHPLACE (city or town) (State or country) Name of operation. Name of operation. Name of operation. Name of operation. What test confirmed diagnosis? Was there an au
8. Trade, profession, or particular kind of work dona, as SPINNER, SAWYER, BDDKKEEPER, etc. 9. Industry or business in which work was dona, as SILK MILL, SAW MILL, BANK, etc. 10. Date deceased last worked at this occupation (month and year) 12. BIRTHPLACE (city or town) (State or country) 13. NAME 14. BIRTHPLACE (city or town) (State or country) What test confirmed diagnosis? Was there an au
SAWYER, BDDKKEPER, etc. 9. Industry or business in which work was dona, as SILK MILL, SAW MILL, BANK, etc. 10. Date deceased last worked at this occupation (month and year) 12. BIRTHPLACE (city or town) (State or country) 13. NAME 14. BIRTHPLACE (city or town) (State or country) Name of operation. Data of What test confirmed diagnosis? Was there an au
SAWYER, BDDKKEEPER, etc. 9. Industry or business in which work was dona, as SILK MILL, SAW MILL, BANK, etc. 10. Date deceased last worked at this occupation (month and year) 12. BIRTHPLACE (city or town) (State or country) 13. NAME 14. BIRTHPLACE (city or town) (State or country) Name of operation. Name of operation. Data of. What test confirmed diagnosis? Was there an au
work was dona, as SILK MILL, SAW MILL, BANK, etc. 10. Date deceased last worked at this occupation (month and year) 12. BIRTHPLACE (city or town) (State or country) 13. NAME 14. BIRTHPLACE (city or town) (State or country) What test confirmed diagnosis? Was there an au
this occupation (month and spent in this occupation) 12. BIRTHPLACE (city or town) (State or country) 13. NAME The decident of the second occupation Name of operation. Name of operation. What test confirmed diagnosis? Was there an au
12. BIRTHPLACE (city or town) Nontrace (State or country) Scotland 13. NAME Name of operation Name of operation Name of operation Data of (State or country) What test confirmed diagnosis? Was there an au
(State or country) 13. NAME The Scattland 14. BIRTHPLACE (city or town) Scattland Name of operation. Name of operation. What test confirmed diagnosis? Was there an au
13. NAME of Operation Data of (State or country) Name of operation What test confirmed diagnosis? Was there an au
V 14. BIRTHPLACE (city or town) (State or country) Name of operation Data of What test confirmed diagnosis? Was there an au
(State or country) What test confirmed diagnosis?
O 16. BIRTHPLACE (city or town) Lunch
Whera did injury occur?
(Specify city or town, county and State) Specify whether Injury occurred in INDUSTRY, In HDME, or in PUBLIC PLAN (Address)
18. BURIAL, CREMATION, OR REMOVAL Manner of injury
Place W. ash A. Date Mac 1931 Nature of injury
19. UNDERTAKER 24. Was disease or Injury in any way related to occupation of deceased?
(Address)
20. FILED

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I			Example II	
The principal cause of importance were as	f death and related causes follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1 MAN G 1832	1915	Attack of epilepsy	1 week ago
Chronic interstitial neph		1921	Run over by street car	1 week ago
Cerebral hemorrhage	FREEVA A' 8	July 5,1927	Peritonitis	3 days ago
	A monthly and the second			
Other contributory ca	uses of importance:		Other contributory causes of importance:	
Gallstones		May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

PHYSICIANS should state Exact statement of OCCUPA-CORD. Every item of inforstated EXACTLY. WITH UNFADING INK-THIS IS A PERMANENT properly classified. MARGIN RESERVED FOR BINDING TION is very important. See instructions on back of certificate. CAUSE OF DEATH in plain terms, so that it may be AGE should be mation should be carefully supplied. -WRITE PLAINLY,

1. PLACE OF DEATH	TASTE
county Frince Leorges	Registration Dist. No. 230
	300/2010-1 /110
Village or City Callege Fact, Md.	No. St., Ward If death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurred 2 yrs. 3 m	ds. How long in U. S. if of foreign birth?yrsmosds.
2. FULL NAME Fred Newton Cla	ke
(a) Residence: No. 309 Calvert auc.	St., Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word) Male White Thank	21. DATE OF DEATH (Month) (Day) (Yeer)
5a. If married, widowed, or divorced RUSBAND of	22. I HEREBY CERTIFY, That i ettanded daceased from
Some May Selle Clarke	Low 2 195/ to Dec 28 193/
6. DATE OF BIRTH (month, day, and year) Leph 30 1874	I last saw h ellve on A 7 1957 deeth is said
7. AGE Yeers Months Days If LESS than	to have occurred on the date stated above, at/_Se_Sm,
51 2 7.8 1 day,hrs	The PRINCIPAL CAUSE OF DEATH and related causes of importance
Trade profession or particular	ware as follows: Date of onset
8. Trada, profassion, or particular kind of work dona, as SPINNER, Machinish SAWYER, BOOKKEPER, etc.	/21/3/
kind of work dona, as SPINNER. SAWYER, BOOKKEEPER, etc. SAWYER, BOOKKEEPER, etc. SAW MILL, BANK, atc. SAW MILL, BANK, atc. 10. Date deceased last worked at Nov21, 11. Total time (yaars) this occupation (month and	
SAW MILL, BANK, atc	
this occupation (month and 1931 spent in this 32 year)	u ₀
Carrie Bludha	Other Contributory Causes of importance:
12. BIRTHPLACE (city or town)	
14. BIRTHPLACE (city or town) Connelsuitle (State or country) Indiana	Name of operation
15. MAIDEN NAME Emma Jardewlow	What test confirmed diagnosis? Was there an autopsy? Was there an autopsy?
Phile delphia Pa	23. If daeth wes due to externel ceuses (VIOL ENCE) fill in also the following: Accident, suicide, or homicide?
(State or country)	Where did injury occur?
ma Bou Olaska	(Specify city or town, county and State) Specify whethar injury occurred in INOUSTRY, in HOME, or in PUBLIC PLACE,
17. INFORMANT May Solle Clark (Addrass) 309 Colvert ave College fork.	- Control injury occurred in Productive, in Home, of in Public PEACE.
18. BURIAL, CREMATION, OB REMOVAL	Menner of injury
Place IT: Line of M & Oate HIC 3 ac, 19 8	Natura of Injury
19. UNDERTAKER F. Gasche Jones	24. Was disease or injury In any wey releted to occupation of daceased? U.S.
(Addrass) ghyattaville M 2	If so, specify
20. FILEO A Dec 28-1931 Shubsmitte	(Signed) Los & Lalument M. D.
Registrar.	(Address) Madello made

STATE OF MADVI AND CEPTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk,

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	at American	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
		ia-	
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenscritis	1 year
		1 400	
		1 Toor - assem	

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

orter in PLACE OF DEATH CERTIFICATE OF DEATH Registration Dist. No. ... Ward) If death occurred in a hospital or institu-ion, give its NAME inetend of street and mumber.) AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3 SEX 4 COLOR OR RACE | 5 16 DATE OF DEATH (Day) (Write the I HEREBY CERTIFY. That I attended the deceased from 6 DATE OF BIRTH that I last saw home, alive on Dl (Month) (Day) (Year) and that death occurred on the date atated above, at 7 AGE If LESS than The CAUSE OF DEATH & was as follows: I day hrs.mos.....ds. or min. ? OCCUPATION (a) Trade, profession or particular kind of work..... (b) General nature of industry business, or establishment in in. which employed or (employer).... 9 BIRTHPLACE (State or country) Duration)yrs. mos. . a FATHER 回天 11 BIRTHPLACE RENTS information state OAUSE *State the Disease Causing Denth, or, in deaths from Violent Causes, state (1) Means of Injury: and (2) whether Accidental, Suicidal or Homicidal. OF FATHER (State or country 18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents) 13 BIRTHPLACE OF MOTHER At place In the 00 (State or country) of death yrs..... mos.....da. State, yrs. mos. da should 10 Where was disease contracted, if not at place of death?..... usual residence.... 19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL ADDRES! if more blanks are needed, address State Registrar. 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

to report specifically the occupations of persons endefinite salary), may be entered a. House wife, House en at home, who are engaged in the duties of the business, that fact may be indicated thus: Farmer (crex state occupation at beginning of illness. If retired from or given up on account of the DISEAU CACHER DEATH; Housemuid, etc. If the occupation has I en changed gaged in domestic service for wage. a. Servant, Cook, ployed, as At school or At home. Care should be taken household only (not paid Houseke pers who receive a laborer, Farm laborer, Laborer-Coal mine, etc. Womworked on may form part of the second statement. Never return "Laborer," "Foreman." "Manager." "Deal-Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; should be used only when needed. additional line is provided for the latter ::atement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Civil engineer, Stationary firemen, etc. But Physician, Compositor, Architect, Locomolius engineer the first line will be sufficient, e. g., l'armer or Planter, tion applies to each and every person, irrespective of cupation is very important, so that the relative healthwhatever, write None. (a) Foreman, (b) Automobile factory. fulness of various pursuits can be known. Statement of Occupation - Precise statement of oc For many occupations a single word or term on or At Home, and children, not gainfully emyr.8.). without more precise specification as Day For persons who have no occupation As chambles: (a) The material The ques in many

bitacement of Cause of Death—Name first, the primary affection where expected to time and causation), using always the same accepted term for the same disease. Example the same accepted fever (the only definite synonym is "Friducic care brospinal meningitis"); Diphtheria (avoid me of "(roup"); Typhoid fever (never report "Typhoid preumenta"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,"

quentes (e.g., sepsis, totanus) may be stated under the ture of the injury, as fracture of skull, and conse-Poisoned by carholic acid-probably suicide. as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF "Puerperal seplicaemia," "Puerperal peritonitis," etc. diseases resulting from childbirth or miscarriage as can be ascertained as the cause. "Uraemia," "Weaknest," etc., when a definite discase rhage." "Inamition" "Marasmus," "Old Age," "Shock," "Dropsy." "Exhaustion," "Heart vulsions." symptomatic), "Atrophy," "Collapse," "Coma," "Conconditions, such as "Asthenia," "Anaemia" ary). 10 ds. causing death). 29 ds.; Bronchopneumonia stated unles important. (secondary or intercurrent) affection need not be Chronic interstitial nephritis, etc. The contributory use of "Tumer" for malignant neoplasms); (name origin; "Cancer" is less definite; avoid anges, perilonaeum, etc., Caremoma, Sarcoma, etc., of unqualified, is indefinite); Tuberculosis of lungs, men train-arcident: Revoluer would of head-homicide; Examples: State cause for which surgical operation was under-Whooping cough; medature of the American Medical Association.) of "contributory." (Recommendations on stateof cause of death approved by Committee on FOR VIOLENT DEATHS STATE MEANS OF INJURY "Debility" ("Congenital," "Senile," etc.), Accidental drowning; Struck by railway Never report mere symptoms or Chronic valvular heart Example: Measles (discase failure," "Haemor-Always qualify all Meusles; disease; The naterminal (merely (second-

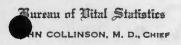
If this certificate is looked over thoroughly and all questhors answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the dertificate is permanently filed.

State of Maryland

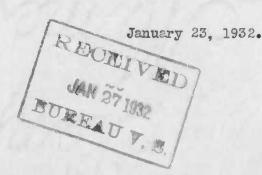
Department of Health

ROBERT H. RILEY, M. D., DIRECTOR 2411 N. CHARLES ST., BALTIMORE STATE BOARD OF HEALTH

WILLIAM W. FORD, M. D. C. HAMPSON JONES, M. D. TOLLEY A. BIAYS WM. PRESTON LANE, JR. BENJAMIN C. PERRY, M.D. E. F. KELLY, PHAR. D. THOMAS S. CULLEN, M. D. BURT B. IDE, D. D. S., F. A. C. D. ROBERT H. RILEY, M. D.



Mr. Henry F. Phipps. Mitchellville, Prince George County. Md.



Dear Sir

Kindly look on the stub of the burial permit issued for the death certificate of John A. Cochran who died in December 8, 1931 at Bowie and send me the following missing information:-On what date was the death certificate filed with you?

Very truly yours,

Chief, Bureau of Vital Statistics.

V. S. 62.

Blacker the about has not her reported & my Respectfully Henry Shipps

V. S. No. 1

STATE OF MARYLAND—	CERTIFICATE OF DEATH 14528
1. PLACE OF DEATH	9
County Granie George	Registration Dist, No. 235
Village or City affer Marlono NH 1. Pul	No. St Word
Length of rasidence in city or town whare daath occurredyrsmos	death occurred in a hospital or institution, give its NAME instead of street and number)
2. FULL NAME Mary Teresa Whit	ds. How long in U. S. if of foreign birth?yrs,mosds, •
CA3. 11 3411 34	a vegge
(a) Residence: No. Tipper Markons M. H. M. (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (warie the word)	21. DATE OF DEATH
Ten negro Lefant	(Month) (Day) (Year)
5a. If married, widowed, or divarced HUSBAND of	(1007)
(or) WIFE of	22. I HEREBY CERTIFY, That Sattanded decaased from
6. DATE OF BIRTH (month, day, and year) Dec 1. 1929	I last saw h alive of lat allended by Physicanasth is said
7. AGE Years Months Days IPLESS than	to have occurred on the date stated abova, at 6 A m.
2 2/ 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
8. Trade, profession, or particular kind of work dona, as SPINNER.	Whooping Cough Deteronset
kind of work dona, as SPINNER, SAWYER, BOOKKEEPER, etc.	
9. Industry or business in which work was dona, as SILK MILL, SAW MILL, BANK, etc	
Data deceased last worked at 11. Total time (years)	
this occupation (month and spant in this occupation	
12. BIRTHPLACE (city or town) Washington	Other Contributory Causes of importance:
(State or country)	Name of the second
13. NAME Salvie Diggs 14. BIRTHPLACE (city or town)	
14. BIRTHPLACE (city or town)	Name of operation Data of
(State or country) Maryland	What test confirmed diagnosis? Was there an au'opsy?
15. MAIDEN NAME Posethawhite 16. BIRTHPLACE (city or town) Surge Staguge Co.	23. If death was due to external causes (VIOLENCE) fill in also the following:
State or country)	Accident, suicide, or homicide? Date of injury, 19
(State of country) Maryland	Where did injury occur? (Specify city or town, county and State)
17. INFORMANT Parelle Julia (Address)	Specify whether injury occurred in iNDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manage of tab.
Place For Estaille Date 722 1931	Nature of injury
19, UNDERTAKER Lodgan Brooks.	
(Address) Brown. In	24. Was disease or injury in any way related to occupation of deceased?
20. FILED 12/22 1931 Thos 5 Guffielt	(Signed) Paul & Van Halla M.D.
Registrar.	(Address) upper marltons 841 mg
If more blanks are needed, address State Registrar,	2411 N. Charles Street, Balismore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows: Arteriosclerosis	Date of onset	The principal cause of death and related causes of importance were as follows: Attack of epilepsy	Date of onset
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
MURDEU			
Other contributory causes of importance:	-1-	Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

V. S. No. 1

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stated EXACTLY, properly classified of certificate.		PERS	ONAL AN	D STATIST	CAL PAR	TICULA	25
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m		Filed A	ec. 19	- 193/ Jul	me)	Res	ristrar
ż	=		16	ore bianks are	needed ade	reas State	Registrar
_			TX MI	nie nidiiwe ale	medada, ade		

14579

STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No. 240

NAME Theury Clifton &	St.: Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)			
L AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH			
COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED,	16 DATE OF DEATH Dec 19 , 1937			
OR DIVORCED (Write the word)	(Month)(Day) (Year)			
July 9 1902	17 I HEREBY CERTIFY, That I attended the deceased from 192			
(Month) (Day) (Year)	that I last saw halive on, 192,			
[lf LESS than	and that death occurred on the date stated above, atm,			
5 10 Iday hrs.	THE CAUSE OF DEATH * was as follows:			
yrs. 3 mos. ds. or min.?	House as			
saion or Clerte	at 6:45 a - 9h			
re of industry Rulroad or (employer) Rulroad	(Duration) yrs. mos. ds.			
Wash. DC.	Contributory Secondary (13 yrs. mos. ds.			
seple C Dewal	(Signed) Holdington Comes. M. D.			
untry) Va	State the Disease Cadsing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.			
Bessie Squires	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans- ients or Recent Residents)			
untry) Wouls. D.C.	At place of deathyrsmosds, Stateyrsmosds,			
TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, if not at place of death?			
Mess L. H. Smith	Former or usual residence			
Mendyvine Wy	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL DEC. 201931.			
19-1981 Julius J. Smith	Citchie Bros. Pitche Hd			
If more bianks are needed, address State Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.				

(Approved by U. S. Census and American Public Health Association.)

Spinner, (b) Cotton mill; (a) Solesman. (b) Grocery. (a) Foreman, (b) Automobile factory. The materia should be used only when needed. As examples: (a) additional line is provided for the latter statement; i sary to know (a) the kind of work and also (b) the fulness of various pursuits can be known. The quesbusiness, that fact may be indicated thus; Farmer (re state occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH gaged in domestic service for wages, as Servant, Cook. Housemuid, etc. If the occupation has been changed ployed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, House en at home, who are engaged in the duties of the er," etc., worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealnature of the business or industry, and therefore an cases, especially in industrial employments, it is neces-Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e. g., Farmer or Plunter, tion applies to each and every person, irrespective of cupation is very important, so that the relative health-Statement of Occupation -- Precise statement of ocwhatever, write Nonc. to report specifically the occupations of persons enhousehold only (not paid Housekeepers who receive a laborer, Physician, Compositor, Architect, Locomotive engineer Foreman, 6 yrs). For many occupations a single word or term on or Al Farm laborer, Laborer without more precise specification as Day Home, and children, For persons who have no occupation -Coal mine, etc. Womnot gainfully em-

Statement of Cause of Death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

(Recommendations on statement of cause of accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely "Inanition," "Marasmus," "Und Age, Snock, "Uruemia," "Weakness," etc., when a definite disease "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," (secondary or intercurrent) affection need not be stated unless important. Example: Measles (disease use of "Tumor" for malignant neoplasms); Measles; American Medical Association.) approved by telanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e.g., sepsis, carbolic acid-probably suicide. The n.ture of the injury, and qualify as ACCIDENTAL, SUICIDAL, OF HOMICIDAL, "PUERPERAL septicaemia," "PUERPERAL peritonitis, diseases resulting from childbirth or miscarriage as tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopucumonia (secondary), unqualified, is indefinite); Tuberculosis of lungs, men-Examples: Accidental drowning; Struck by railway train-State cause for which surgical operation was undercan be ascertained as the cause. "Atrophy," "Collapse," "Coma," "Convulsions, perilonaeum, etc., Carcinoma, Sarcoma, etc., of ... (name origin; "Cancer" is less definite; avoid Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS STATE MEANS OF INJURY interstitial nephritis, cough; " "Marasmus," "Old Age," "Shock," Committee on Chronic etc. The contributory valvular heart Nomenclature Always qualify all disease;

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed

PHYSICIANS should state CORD. Every item of infor-Exact statement of OCCUPA. mation should be carefully supplied. AGE should be stated EXACTLY. WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT CAUSE OF DEATH in plain terms, so that it may be properly classified. MARGIN RESERVED FOR BINDING TION is very important. See instructions on back of certificate.

V. S. No. 1

STATE OF MARYLAND—	CERTIFICATE OF DEATH 14580
1. PLACE OF DEATH	(ISI)
County Prince Georges	Registration Dist. No. 235
Village or City freshort	No. St., Ward death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurredlyrs,llmos	death occurred in a hospital or institution, give its IVAIVIE instead of street and number)
2. FULL NAME aleksenden de	Ques!
(a) Residence: No. Forestall	St. Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED write the word)	21. DATE OF DEATH
ruse calour westived	(Month) (Day) (Yeer)
5a. If married, widowed or divorced HUSBAND of (or) WIFE of	22. I HEREBY CERTIFY, That I ettended deceesed from
(0) HITE OFFICE CHIEF	- march 1931 to leaving decessed from
6. DATE OF BIRTH (month, day, end year) 7 187	I last saw h Augalive on Rec 17, 19 31; deeth is seld
7. AGE Years Months Days IT LESS than	to have occurred on the date steted above, at \$ 209 Gm.
56 9 27 1 dey,hrs.	The PRINCIPAL CAUSE OF DEATH end related causes of importence were es follows:
8. Trede, profession, or particular kind of work done, as SPINNER	Date of onset
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc	acute Cardia Seletation
work was done, as SILK MILL Jeneral town	pr
Kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. Industry or business in which work was done, as SILK MILL SAW MILL, BANK, etc. 10. Date deceased last worked at this occupetion (month and year) year) Coupation	
	Other Contributory Causes of Importance:
12. BIRTHPLACE (city or town) I	mais vasauli rente
E 13. NAME UNA SALEN	
13. NAME 14. BIRTHPLACE (city or town)	Name of operation
(State or country)	What test confirmed diagnosis?
15. MAIOEN NAME Belinder Hope	23. If death wes due to external causes (VIOL ENCE) fill in elso the following:
15. MAIOEN NAME 16. BIRTHPLACE (city or town)	Accident, suicide, or homicide? Date of Injury 19
(State or country)	Where did injury occur?
17. INFORMANT Manure Glegare (Address)	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Place Comon Dete 14 1/ ,193	Neture of Injury
19. UNDERTAKER & J Brown (Address) Pomonkey harby Office	24. Wes disease or injury in any way related to occupation of deceased?
12/24 20 76 76 11 15	If so, specify
20, FILED 1, 1930 1000, D. C. Registrar.	(Signed) M.O.
	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the discase, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of cpilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral homorrhage	July 5,1927	Peritonitis	3 days ago
BURRATTE			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

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Item of information should be carefully supplied. ACE should be stated EXACTLY should state CAUSE OF DEATH in plain terms so that it may be properly classified on occupation is very important. See instructions on back of certificate.	
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14581 PLACE OF DEATH STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. 2 Marshow (If death occurred in St.: Ward) a hospital or institution, give its NAME in-stead of street and ²FULL NAME number.) PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 5 SINGLE. 4 COLOR OR RACE 16 DATE OF DEATH MARRIED. WIDOWED. OR DIVORCED Write the word) (Moath) (Day) 6 DATE OF BIRTH I HEREBY CERTIFY, That I attended the deceased from (Month) (Day) 7 AGE Ilf LESS than and that death occurred on the date stated above, at I day hrs. The CAUSE OF DEATH * was as follows: ds. or min.? OCCUPATION (a) Trade, profession or particular kind of work (b) General nature of industry business, or establishment in(Duration) which employed or (employer) Contributory 9 BIRTHPLACE Secondary (State or country) 10 NAME OF FATHER 11 BIRTHPLACE OF FATHER the Disease Causing Death, (State or country) Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal. 12 MAIDEN NAME 18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents) 13 BIRTHPLACE At place In the OF MOTHER State.....yrs.....nıos..... of deathds. (State or Country) Where was disease contracted, if not at place of death? usual residence Every | CIANS OF BURIAL 20 U/ If more blanks are needed, address State Registrar, 16 W. Saratoga St., Balto., Requesting V. S. Koll.

(Approved by U. S. Census and American Public Health Association.)

laborer, Form laborer, Loborerstate occupation at beginning of illness. If retired from Spinner, (b) Cotton mill; (a) Salcsmon. should be used only when needed. As examples: (0) additional line is provided for the latter statement; it nature of the business or industry, and therefore an cases, especially in industrial employments, it is neces-Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e. g., Farmer or Planter, fulness of various pursuits can be known. Statement of Occupation-Precise statement of ocwhatever, write None. business, that fact may be indicated thus; Former (reor given up on account of the DISEASE CAUSING DEATH, Howsemuid, etc. If the occupation has been changed gaged in domestic service for wages, as Screent, Cook, to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealsary to know (a) the kind of work and also (b) the tion applies to each and every person, irrespective of cupation is very important, so that the relative health-Foremon, For many occupations a single word or term on or yrs). At Home, and children, without more precise specification as Doy For persons who have no occupation (6) Automobile factory. The material -Coul mine, etc. not gainfully em-6 The ques-Grocery;

Statement of Cause of Death—Name, first, the preEASE CAUSING DEATH (the primary affection with respect
to time and causation), using always the same accepted term for the same disease. Examples: (**crebrospikal**) fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup");
Typhoid fever (never report "Typhoid Pneumonia");
Lobor pneumonia, Bronchopneumonia ("Pneumonia,")

"PUERPERAL septicacmia," "PUERPERAL porilonitis," etc. "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease "Debility" ("Congenital," "Senile," etc.), "Dropsy." ("Exhaustion," "Heart failure," "Haemorrhage, stated unless important. Example: Measles (disease inges, perilonaeum, etc., Carcinomo, Sorcoma, etc., of accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. diseases resulting from childbirth or miscarriage as tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), use of "Tumor" for malignant neoplasms); unqualified, is indefinite); Tuberculosis of lungs, menapproved by Committee on as fracture of skull, and consequences (e.g., sepsis, carbolic acid-probably smaide. The n-ture of the injury, and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, State cause for which surgical operation was undercan be ascertained as the cause. 10 ds. Never report mere symptoms or terminal condi-Chronic interstitial nephritis, danus) may be stated under the head of "contributory." Examples: Accidental drowning; Struck by roilway troin-(secondary or intercurrent) affection need not be American Medical Association.) Recommendations on statement of cause of "Atrophy," "Collapse," "Coma," "Convulsions, FOR VIOLENT DEATHS state MEANS OF INJURY (name origin; "Cancer" is less definite; avoid cough; Chronic etc. valvular heart Nomenclature Always qualify all The contributory "Dropsy, Measles; diseose;

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed

PHYSICIANS should state Exact statement of OCCUPAstated EXACTLY. WITH UNFADING INK-THIS IS A PERMANENT properly classified.

FOR BINDING

MARGIN RESERVED

TION is very important. See instructions on back of certificate. CAUSE OF DEATH in plain terms, so that it may be AGE should be mation should be carefully supplied. B.-WRITE PLAINLY

STATE OF MARYLAND-CERTIFICATE OF DEATH

1. PLACE OF DEATH	(23)
County Trince Georges.	Registration Dist. No. 242
Village or City Copital Haghla	NoSt., Ward
	f death occurred in a horpital or institution, give its NAME instead of street and number) sds. How long in U.S. if of foreign birth?yrsmosds.
Ω Ω Λ	os
2. FULL NAME alvin Cugine	Chan
(a) Residence: No. 220 0 (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED.	21. DATE OF DEATH
male white OR DIVORCED (write the word)	(Month) (Ody) (Year)
5a. If married, widowed, or divorcad HUSBAND of	22. 1 HEREBY CERTIFY That I attended decreased from
(or) WIFE of Jellian M. Gray	22. I HEREBY CERTIFY, That I attanded deceased from Nov 30, 1931, to Lee 31, 1934
6. DATE OF BIRTH (month, day, and year) March. 27	I last saw h Amaliva on 2 1, 19 3/; death is said
7. AGE Years Months Oays If ESS than	to have occurred on the data stated above, at 1 3 20 Pm.
44 7 24 1day, hrs.	The PRINCIPAL CAUSE OF DEATH and releted causes of importance
N & Trade profession or posticular	were as follows:
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	acute Rulmoner Lechencula:
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc 10. Data deceased last worked at this recursion (months and	
SAW MILL, BANK, etc	
this occupation (month and spant in this 23 year) work a 1927 spant in this 23	
	Other Coutributory Causes of Importence:
12. BIRTHPLACE (city or town) (State or country)	•
13. NAME Thomas Vacan	-
13. NAME Thomas Trong 14. BIRTHPLACE (city or town)	Name of anythin
(Stata or country)	Name of operation
15. MAIDEN NAME Laura Balana	What test confirmed diagnosis? Wes there an autopsy? 23. If death was due to external causes (VIOLENCE) fill In elso the following:
15. MAIDEN NAME Jaura Boline 16. BIRTHPLACE (city or town)	Accident, suicide, or homicide? Oate of Injury 19
(State or country)	Where did injury occur?
17. INFORMANT Ing Selling M. Gray (Address)	(Specify city or town, county and Stale) Specify whether injury occurred in INOUSTRY, In HOME, or In PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manage of Jaluary
Place Wash. 10 C Oate 12-23 1931	Manner of Injury
19. UNDERTAKER W. W. W. sal Suc.	24. Was disease or injury In any way related to occupation of deceased?
(Address) 816-H St M 6.	If so, specify
20. FILEDALE V. 22, 1931 Grace glow	(Signed) M. D.
Registrar.	(Address) Transferring

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic scrvice for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	İ	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
BUREAU V.S.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

No. 1

32

m

PLACE OF DEATH	STATE OF MARYLAND
County Nince Jerals	CERTIFICATE OF DEATH
	Registration Dist. No. 23/
Village or City Inmal Mann (No.	St.: Ward) (If death occurred in
of DI VIII	a hospital or institu- tion, give its NAME in- stead "of street and
2 FULL NAME Leater Hoderick Hamil	number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED. OR DIVORCED (Write the word)	16 DATE OF DEATH , 1931
6 DATE OF BIRTH	17 I HEREBY CERTIFY, That I would the deceased from
hn 2 , 1 31	(Dec. 1) 173
(Month) (Day) (Year)	that Hast aw h salive on
7 AGE If LESS than I dayhrs.	and that death occurred on the date stated above, at
yrs. mos. ds. or min.?	a clot of blood was found in the routh, after death buy
8 OCCUPATION (a) Trade, profession or	Unevently internal hemorrhages
particular kind of work	no indication of violence
(b) General nature of industry business, or establishment in	Crobilly a harmoffulio Duration) ve. mos do.
which employed or (employer)	Contributory
9 BIRTHPLACE (Ntste or country)	Secondary (Durstion) yrs (Durstion)
10 NAME OF D D 1	(Signed) Resule 1 Denny 1. agling down
FATHER John Relevich Hamily	12/28 9) 492 (Address) Bladensburg Id
OF FATHER	State the Placase Causing Death, or, in doalha from
(State or country)	Accidental, Suicidal or Homicidal.
of MOTHER Theme mise Wark	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans-
13 BIRTHPLACE OF MOTHER	At place in the
(State or Country) NINCE LEADER COLLARY 112	Where was disesse contracted,
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	if not at place of dea h?
(Informant) John R. Hamillon	usual residence
(Address) Colman manor Incl	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
w O	20 UNDERTANDER AND ADDRESS
Filed Del 197 1981 May Do Sulla Registras	F Gasalis Ingladensburg med
	15 W Saratoga St. Bulton Leguesting V. S. So. I.

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(Approved by U. S. Census and American Fublic Health Association.)

sary to know (a) the kind of work and also (b) the the first line will be sufficient, e.g., Farmer or Flanter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of octired 6 yrs). For persons who have no occupation definite salary), may be entered as Housewife, Houselaborer, Farm laborer, Laborer-Coal mine, etc. Wom-en at home, who are engaged in the duties of the Spinner, (b) Colton mill; (a) Salesman, should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, state occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH, gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed work, or At Home, and children, not gainfully employed, as At school, or At home. Care should be taken Never return "Laborer," "For man," "Manager," "Dealworked on may form part of the second statement whatever, write None. business, that fact may be indicated thus; Farmer (rehousehold only (not paid Housekeepers who receive a ," etc., report specifically the occupations of persons en-Foreman, For many occupations a single word or term on especially in industrial employments, it is neceswithout more precise specification as Day (b) Automobile factory. The material Locomotive engineer, (b) Grocery;

Statement of Cause of Death—Name, first, the Disease Causing Death (the primary affection with respect to time and causation), using always the same accepted term for the same disease, Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrosial meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia");

st_ted unless important. Example: Measles (disease inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of use of "Tumor" for malignant neoplasms); Measles; (name origin; "Cancer" is less definite; avoid tetanus) may be stated under the head of "contributory." carbolic acid—probably suicide. The n-ture of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. diseases resulting from childbirth or miscarriage as can be ascertained as the cause. "Inanition," "Marasmus," "Old Age," "Shock," "Uracmia," "Weakness," etc., when a definite discase "Debility" ("Congenital," "Senile," etc.), "Drcpsy, "E:haustion," "Heart failure," "Haemorrhage, tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), (secondary or intercurrent) affection need not be Chronic interstitial nephritis, Whooping unqualified, is indefinite); Tuberculosis of lungs, menapproved by Committee on Nomenclature as fracture of skull, and consequences (e. g., sepsis, and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, State cause for which surgical operation was under-American Medical Association.) Examples: Accidental drowning; Struck by railway train-(Recommendations on statement of cause of "Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS state MEANS OF INJULY cough; Chronic etc. The contributory valvular heart Always qualify all disease;

If this certificate is looked over thoroughly and all qu stlons answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

PHYSICIANS should state Every item of infor-Exact statement of OCCUPA. CORD. stated EXACTLY. ITH UNFADING INK-THIS IS A PERMANENT properly classified. FOR BINDING MARGIN RESERVED AGE should be CAUSE OF DEATH in plain terms, so that it may be mation should be carefully supplied. -WRITE PLAINE

V. S. No. 1

1. PLACE OF DEATH		107-0
County France 9	eorges	Registration Dist. No. 2 3 5
Village or City Ce A	Heights	No. St. Ward
		f death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where de	ath occurredyrsmos	sds. How long in U.S. If of foreign birth?yrs.\mosds
2. FULL NAME Colin fo	seph Harros	
(a) Residence: No.	926-0	st. hw Ward. Washington al
DEDCO.	(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTIC		MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, ON DIVORCED (purite the word)	21. DATE OF DEATH
mac Calorea	Sugar	(Month) (Oay) (Year)
5a. If marriad, widowed, or divorcad HUSBANO of	- 0	22. I HEREBY CERTIFY That Lattended deceased from
(or) WIFE of		A dictional deceased from
6. DATE OF BIRTH (month, day, end year)	bril 13-1931	19
7. AGE Years Months	Oays If LESS than	to have occurred on the date stated above, atm.
7	23 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance
8. Trade, profession, or particular	ormin.	were as follows:
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	none	al of the second
9. Industry or business in which work was done, as SILK MILL,		and sale state from
SAW MILL, BANK, etc		O la e 1 to
10. Date deceased last worked at this occupation (month and spant in this		
year)	occupation	Other Cantributer Course of importance
12. BIRTHPLACE (city or town) Was 7	mylon D.C.	Other Contributory Causes of importance:
(State or country)	00-	
13. NAME / ellean F	ranklin	
14. BIRTHPLACE (city or town). It as him for		Name of operation Date of
(State of country)	hof dol.	What test confirmed diagnosis? Was there an au'opsy?
15. MAIDEN NAME Marie	Harrod.	23. If death was due to external causes (VIOLENCE) fill in also the following:
15. MAIDEN NAME Marie 16. BIRTHPLACE (city or town) Mag	ryland.	Accident, suicide, or homicide? Date of injury, 19
(State or country)		Where did injury occur?
17 INFORMANT Marie A	larrod.	(Specify city or town, county and State) Specify whether injury occurred In INOUSTRY, in HOME, or in PUBLIC PLACE.
(Address) 926-0. sh	h.M. DC.	
18. BURIAL, CREMATION, OR REMOVAL WOSE	100.0	Manner of injury
Place ML OXINE	Oate 2002 0 , 193 (Nature of injury
19. UNGERTAKER	Lien CA	24. Was disease or Injury in any way related to occupation of deceased? 210
(Address) 901-3-	st. 5. 7. 5.0	If so, specify I Two. D. Juffell ash and
20 5450 112/6 31 7 6	3 D. Sullett	(Signed) Carrey J. Dans M.O.
20. FILED. 4 , 19 8 8	D 8 Registrar.	(Address) Freshill on
If more bl.	anks are needed, address State Registrar.	2411 N. Charles Sweet, Baltimore, Requesting V. S. No. 1.

STATE OF MARYLAND—CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I			Example II		
The principal cause of de of importance were as fol	ath and related causes lows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis	RECEIVE	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis		1921	Run over by street car	1 week ago	
Cerebral hemorrhage	JAN 5 192	July 5,1927	Peritonitis	3 days ago	
	BUREAU V.				
Other contributory causes	of importance:		Other contributory causes of importance:		
Gallstones		May 1,1923	Gastroenteritis	1 year	

V. S. No. 1

STATE OF MARTLAND	-CERTIFICATE OF DEATH 14000
1. PLACE OF DEATH	<u> </u>
County Cruce George	Registration Dist. No. 230
Village or City Reserve	No. St., Ward
	(If death occurred in a hospital or institution, give its NAME instead of street and number)
	osds. How long In U. S. if of foreign birth?yrsmosds.
	Horner
(a) Residence: No. Central aa	St., Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS 8. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED,	MEDICAL CERTIFICATE OF DEATH
Male White Phartes	21. DATE OF DEATH ALC 19 (Year)
Sa. If merried, widowed, or divorced HUSBAND of 77	
(or) WIFE of Martha Hornes	22. Nov 8 1931 to See 19 1931
5. DATE OF BIRTH (month, day, and year) May 12 4 1859	Hest sew here eliva on see 19 19 4; death is said
5. DATE OF BIRTH (month, day, and year) 7. AGE Years Months Days If LESS than	to have occurred on the dete stated above, at 7 Pm.
7 1 day,hr	
8. Trada, profession, or particular	Struck be an automobile Date of onset
kind of work done, as SPINNER, Harmes and	of entensection of westingt
Industry or business in which work was done, es SILK MILL, of acryuse SAW MILL, BANK, atc.	Bruleva & Central and
	Deserve med nov 8/3,
10. Data deceased lest worked at this occupation (month and 1927 spant in this 44.3	Fraches a Shall & Concession
yaer) occupetion	Other Contributory Causes of Importence:
12. BIRTHPLACE (city or town) Durling for	
(State or country)	Ettra-deeral meningeal
13. NAME Chas C. Nornes	Hemorrhaga nov 8/2,
14. BIRTHPLACE (city or town) Kleerlesey Lon	Neme of operation. Those Dete of
(State or country)	What test confirmed diegnosis? Was there an autopsy? No
15. MAIDEN NAME Mereder Hognes	23. If deeth was dua to externel ceuses (VIOLENCE) fill in elso the following:
16. BIRTHPLACE (city or town) Alustungton	Accident, suicide, or homicida? accident Date of injury Now 8, 1921
State or country)	Where did injury occur? Derroys. P. Kes Co (Specify city or town, county and State)
17. INFORMANTICarrew Vorces	Specify whether Injury occurred in INDUSTRY, In HOME, or in PUBLIC PLACE.
(Address) 18. BURIAL, CREWTION, OR REMOVAL	Manage of interes as at the sabore
Place Rock Creek Comore blec. 22 193	Mennet of injury
711 7:7:11	nature winguly de la
19. UNDERTAKER PARKEN W. Hysouglo. (Address) 1000 H, at M711. Hack he	24. Wes disease or injury in any way related to occupation of deceased?
20. FILEO Sed 21-1931 Stand Smith	(Signad) A. O. Iteruse M. D.
Registrat.	(Address) Clace que roses tyres
If more blanks are needed, address State Registra	17, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

CEDTIFICATE OF DEATH

CTATE OF MADVI AND

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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11.—The number of years the deceased followed the occupation.

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Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis 1932	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

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Example I	1	Example II		
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Arterioselerasis	1915	Attack of epilepsy	1 week ago	
Chranic interstitial nephritis J. N. 6 1334	1921	Run aver by street car	1 week ago	
Cerebral hemarrhage BURRAU V. A.	July 5,1927	Peritanitis	3 days ago	
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstanes	May 1,1923	Gastraenteritis	1 year	

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WRITE PL

11		14587
	PLACE OF DEATH	STATE OF MARYLAND
	County James Glan ald	CERTIFICATE OF DEATH
1	91	Registration Dist. No. 245
	Village or City Chesterly (No. 20	mdown of St: Ward) a hospital or institu-
	2 FULL NAME Indolison Glenn Joh	tion, give its NAME in- stead of street and number.)
1	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
	Male White SINGLE, MARRIED, Married WIDOWED. OR DIVORCED (Write the word)	16 DATE OF DEATH December 21, 198/
	6 DATE OF BIRTH	17 I HEREBY CERTIFY, That Lattended the deceased from
	Oct 12 19/19	Dec 14 192/ to Dec 21 , 193/,
	(Month) (Day) (Year)	that I last saw h 1M alive on Dec 2i , 1931,
	7 AGE If LESS than	and that death occurred on the date stated above, at 2: Sof. m.
	62 yrs. 2 mos. 9 ds. or min.?	The CAUSE OF DEATH * was as follows:
	8 OCCUPATION (a) Trade, profession or	Cerebral Hemorrhast-
3	particular kind of work (ample)	and the state of t
1	(b) General nature of industry business, or establishment in	(0)
	which employed or (employer)	Contributory (Duration)yrs,mos
	9 BIRTHPLACE (State or country)	Secondary
	10 NAME OF	(Durstion) Jyrs
	FATHER James Henry Lynson	(Signed) M. D. M. D. M. D. 1921 (Address) Character Sandara Vd
	OF FATHER	*State the Discase Causing Death or In deaths from
	OF FATHER (State or country) 12 MAIDEN NAME 12 MAIDEN NAME	Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
	of MOTHER Bethy Jynson	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans- ients or Recent Residents)
	13 BIRTHPLACE OF MOTHER	At place In the
	(State or Country) ngma	of deathyrsds. Stateyrsds. Where was disease contracted,
1	4 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	if not at place of dea.h?
	(Informant) Lawrence Hymson	ususl residence
	(Address) Landover! Mc.	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
	15 10 at 21 ma	20 UN DERTAKER ADDRESS
	Filed Leo. 2 191 1100 Ao. Server	WW Chambers Co 1400 Chapinets
	If more branks are needed, address State Registrar,	, 16 W. Saratoga St., Balto., Reguesting V. S. No. 1.
		,

(Approved by U. S. Census and American Public Health Association.)

cupation is very important, so that the relative healthstate occupation at beginning of illness. If retired from definite salary), may be entered as Housewife, House-Spinner, additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is necesthe first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The ques-Statement of Occupation-Precise statement of octired 6 yrs). gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed en at home, who are engaged in the duties of the er," etc., nature of the business or industry, and therefore an Civil engineer, whatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, to report specifically the occupations of persons enployed, as Al school, or Al home. Care should be taken household only (not paid Housekeepers who receive a Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement. Foreman, or At Home, and children, not gainfully em-For many occupations a single word or term on be used only when needed. Farm laborer, Laborer-Coal mine, etc. Wom-(b) Cotton mill; (a) Salesman. without more precise specification as Day Compositor, Architect, Locomotive engineer, For persons who have no occupation 6 Stationary fireman, etc. But in many Automobile factory. The material As examples: (a) (b) Grocery;

EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Crup"); Typhoid fever (never report "Typhoid Pneumonia,"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

stated unless important. inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by State cause for which surgical operation was under-"PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. can be ascertained as the cause. Always qualify all "Exhaustion," "Heart failure," "Iaemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Debility" ("Congenital," tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), Chronic interstitial nephritis, Whooping use of "Tumor" for malignant neoplasms); unqualified, is indefinite); Tuberculosis of lungs, menas fracture of skull, and consequences (e.g., sepsis, or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, "Uraemia, (secondary or intercurrent) approved tetanus) may be stated under the head of "contributory." Examples: Accidental drowning; Struck by railway train-American Medical Association.) (Recommendations on statement of cause of death "Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS STATE MEANS OF INJURY resulting from childbirth or miscarriage as (name origin; "Cancer" is less definite; avoid by Committee on ""Weakness," etc., when a definite disease cough; "Congenital," "Senile," etc.), "Dropsy,"
"Heart failure," "Haemorrhage," Chronic valvular heart disease; Example: Measles (disease etc. affection need not be Nomenclature of the The contributory Measles;

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

1. PLACE OF DEATH	(13)
County R Geo	Registration Dist. No. 242
Village or City Seabork ml	NDSt.,Ward [f death occurred in a hospital or institution, give its NAME instead of street and number)
	sds. How long in U.S. if oI lorelgn birth?yrsmosds
(a) Residence: No. Seaborerk's md	St., Ward.
(Jaulat place of abode) PERSONAL AND STATISTICAL PARTICULARS	Il nonresident give city or town and State MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED,	21. DATE OF DEATH
male white Wadowed	Month) (Day) (Yeer)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of	22. I HEREBY CERTIFY. That I attended deceased from 2 naw patients helf how references
S. DATE OF BIRTH (month, day, and year) 1853	t last saw have alive on Dec 13 19.31; deeth is sal
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at 2.13 am
7 80 I day,hrs.	were of follows:
8. Trade, profession, or particular	Date of once
kind of work dona, as SPINNER, Tarmer SAWYER, BODKKEEPER, etc.	Chronic Nephrelis
9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc	CW&FR.
10. Date deceesed last worked at 667/5 11. Total time (years) spant in this year) 3/	
12. BIRTHPLACE (city or town) Sealrook mil	Other Contributory Causes of importance:
13. NAME Dames IX. agle-	
14. BIRTHPLAC (city or town) Durhaw, Eng	Neme of operation Date of
(Stata or country)	Whet test confirmed diegnosis? Wes there en eutopsy?
15. MAIDEN NAME COUNTY Davison	23. II deeth was due to external causes (VIOLENCE) fill in also the following:
15. MAIDEN NAME COLOR Maria Davison (State or country)	Accident, sulcide, or homicide?
17. INFORMANT Jesse it / Engle	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
8. BURIAL, CREMATION, DR REMOVAL Place Lawram Date Dec 15, 1934	Manner of Injury
9. UNDERTAKER & Gasely Dous (Address) Hystwill med	24. Was disease or injury in eny wey releted to occupation of deceesed? He
20. FILED Dec. 134, 1931. Mrs. John W. Hower.	(Signed) James Ho Truck M. (Address) Glam Dale 1442.

STATE OF MADVI AND CEDTIFICATE OF DEATH

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ners non-coloured	Example II	
Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
1915	Attack of epilepsy	1 week ago
1921	Run over by street car	1 week ago
July 5, 1927	Peritonitis	3 days ago
n.		
	Other contributory causes of importance:	
May 1,1923	Gastroenteritis	1 year
	1915 1921 July 5, 1927	The principal cause of death and related causes of importance were as follows: 1915 Attack of epilepsy 1921 Run over by street car July 5, 1927 Peritonitis Other contributory causes of importance:

ADDITIONAL SPACE FOR FURTHER STA	FATEMENTS BY	PHYSICIAN
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1	A	-	N	0	
J	T	U	(9	

Village or City Lanham	Registration Dist. No. 245
Village or City Lauhau	
	NoSt.,Ward
Length of residence in city or town where deeth occurred	(If death occurred in a hospital or institution, give its NAME instead of street and number) nosds. How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAME Luda W Ke	rstetter
(a) Residence: No. Zauham Md (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Temale while married,	21. DATE OF DEATH (Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of Cor) WIFE of Zer D. Kerstettex.	22. I HEREBY CERTIFY, That I attended decessed from
6. DATE OF BIRTH (month, day, and year) Seft 8 1890	I last saw har elive on Ray 9 1921 : death is seld
7. AGE Years Months Oeys If LESS than	to have occurred on the date stated above, at 9. 45 Pm.
4/3/4/1dey,h	The PRINCIPAL CAUSE OF DEATH end related causes of importance were es follows:
8. Trade, profession, or particular kind of work done, as SPINNER, Profession, or particular casely sawyer, BODKKEEPER, etc.	Otrub Did 1930
Notes of work done, as SPINNER. SAWYER, BODKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL June of England SAW MILL, BANK, etc. 10. Date deceased last worked at this occupation (month end	w
SAW MILL, BANK, etc	
this occupation (month end year)	B
12. BIRTHPLACE (city or town). Va. (State or country)	Other Contributory Causes of Importanco:
1 1 2 1 2 1 3	
13. NAME (TO Fig. 6. Kileden) 14. BIRTHPLACE (city or town) (State or country)	Name of operation about 3 ms ago, operation for
15. MAIDEN NAME Gremore Burcker	What test confirmed diagnosis? WWXXXVII feet Was there en autopsy? - [w]
16. BIRTHPLACE (city or town)	23. If death was due to externel causes (VIDL ENCE) filt in also the following: Accident, suicide, or homicide?
16. BIRTHPLACE (city or town) State or country)	Where did injury occur?
17. INFORMANT Lev D, Kersteller, (Address) Faul am mid.	(Specify city or town, county and State) Specify whether injury occurred in INOUSTRY, in HOME, or In PUBLIC PLACE.
18. BURIAL, CREMATION, OB REMOVAL	Manner of injury
Place Ht Lessolu Oal Les 14, 19/	Nature of injury
19. UNDERTAKER WWGleambeix 600 (Address) 1400 Chapmi M. Wathender	24. Wes disease or Injury In any way related to occupation of deceased?
20. FILED Delle, 13, 1931 Mas Jas. Sores	(Signed) 12-9. Bennett M. D. M. D.
Registrar.	or, 2411 N. Charles Street, Ballimore, Requesting V. S. No. 1.

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Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory chuses of importance: Gallstones	May 1,1923	Other contributory causes of importance: Gastroenteritis	1 year

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Chronic interstitial nephritis A A 1997	1921	Run over by street ear	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
BUREAU V. S.			
Other contributory causes of importance:	-	Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

STATE OF MARYLAND-	-CERTIFICATE OF DEATH 14591
1. PLACE OF DEATH	46
County June Deorges.	Registration Dist. No. 242
Village or City Greater Cap Tyton	ect.No. St., Ward
	If death occurred in a hospital or institution, give its NAME instead of street and number) sds. How long in U.S. if of foreign birth?
(0: +00)
2. FULL NAME osce dubbe	ering
(a) Residence: No. (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
SEX 4. COLOR OR RACE S. SINGLE, MARRIED, WIDOWED,	21. DATE OF DEATH.
OR DIVORCED (write the word)	Dec 10 1903/
a. If merried, widowed, or divorced	(Month) (Day) (Year)
HUSBAND of (or) WIFE of	22. 1 HEREBY CERTIFY, That I attended deceased from
The second second	Dec 1, 1931, to Dec 10, 1931
AGE Years Months Days If LESS than	I last saw h. 42 alive on December 9 , 193/; death is sale
7. AGE Years Months Days If LESS than 1 day,hrs.	to have occurred on the date stated above, atO_A_Mm. The PRINCIPAL CAUSE OF DEATH and related causes of importance
	were as follows:
8. Trade, profession, or perticular kind of work done, es SPINNER, SAWYER, BOOKKEPPER, etc.	Carsenaga of Dall bladder Jan 19
9. Industry or business in which	gour stands untire
kind of work done, es SPINNER, SAWYER, BOOKKEPER, etc. 9. Industry or business in which work was done, es SILK MILL, SAW MILL, BANK, etc 10. Date deceased last worked at this occuration (month) and	
Date deceased last worked at this occupation (month end spant in this	
year) occupation	Other Contributory Canses of importance:
12. BIRTHPLACE (city or town) Wash.	- Formingeneralities Dac 81
(State or country)	
13. NAME John (Cowling) 14. BIRTHPLACE (city or town)	
14. BIRTHPLACE (city or town)	Name of operation factoral of Galles de Date of You 1931
(State of country)	Whet test confirmed diagnosis? France of Transaction. Was there en eulopsy?
15. MAIDEN NAME of alie yesoler.	23. If death was due to external causes (VIOLENCE) fill in also the following:
15. MAIDEN NAME / alie Leasler.	Accident, sulcide, or homicide? Date of injury
(State or country)	Where did injury occur? (Specify city or town, county and State)
7. INFORMANT Mrs. The lew Marlin	Specify whether Injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
(Address) W SA Treater Cap Hais m. 18. BURIAL, CREMATION, OR, REMOVAL	
Place Wushington D. Date 12-10 1931	Manner of injury
10 (h/10 - 0 .)	Nature of injury
19. UNDERTAKER (Address)	24. Was disease or injury in any way related to occupation of deceased?
10 1 14 21 37 10 111	If so, specify
20, FILEDUCC . D., 19.3 Registrar.	(Signed) Sand Warling R#/ Such
A Paris and the same of the sa	2411 N. Charles Street, Ballimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
7 10	2	,	
Other contributory causes of importance:	Cul	Other contributory causes of importance:	
Gallstones	May 1, 1928	Gastroenteritis	1 year
7:3		\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	

CAUSE

BINDING

FOR

MARGIN RESERVED

PLACE OF DEATH Pr. George's

STATE OF MARYLAND CERTIFICATE OF DEATH

Dist. N	10. 24J
֡	Dist. N

	Registration Dist. No. 270
Village or City Cheltenham (No	St.: Ward) (If death occurred in a hospital or institution, give its NAME in stead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Male Colored Single, Married, Wildowed. OR DIVORCED (Write the word)	16 DATE OF DEATH Dec 8 131 (Month) (Day) (Year)
6 DATE OF BIRTH (Month) (Day) (Year)	that I last saw han alive on Drc 7, 193/, 193/
7 AGE 14 yrs. 5 mos. 2.2ds. or min.?	and that death occurred on the date stated above, atm The CAUSE OF DEATH * was as follows:
(a) Trade, profession or particular kind of work (b) General nature of industry business, or establishment in which employed or (employer)	(Durstion) yrs, mos. de
9 BIRTHPLACE (State or country) 10 NAME OF FATHER 1/ DAY T	Contributory Secondary (Saned) William (Saned) M. D. M. D.
OF FATHER (State or country) Unknown	*State the lisease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
OF MOTHER State or Country) 12 MAIDEN NAME OF MOTHER (State or Country) MOTHER (State or Country)	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents) At place of death / yrs / 0 mos. ds. Where was disease contracted,
(Informant) Subt Chellenhan	if not at place of dea.h? Former or usual residence 19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL Place of dea.h? 19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
15 61. 11 1 110.	20 UNDERTAKER ADDRESS

If more blanks are needed, addre. s Ltate Registrar, 16 W. Saratasa St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

state. occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH, gaged in domestic service for wages, as Servant, Cook, work, or At Home, and children, not gainfully employed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, House-Spinner, should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e. g., Farmer or Planter, fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocwhatever, write None. business, that fact may be indicated thus; Farmer (re-Housemaid, etc. If the occupation has been changed, to report specifically the occupations of persons enhousehold only (not paid Housekeepers who receive a laborer, Farm laborer, Laborer—Coal mine, etc. woin-en at home, who are engaged in the duties of the worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Physician, Compositor, Architect, Locomotive engineer, tion applies to each and every person, irrespective of etc., Foreman, For many occupations a especially in industrial employments, it is necesyr8). Farm laborer, (b) Cotton mill; (a) Salesman. without more precise specification as Day For persons who have no occupation 6 Automobile factory. The Laborer-Coal mine, etc. Womsingle word or term on 3 materia Grocery;

Strtement of Cause of Death—Name, first, the DIS-EARE COUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,"

> stated unless important. inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of carbolic acid-probably suicide. The n-ture of the injury, accident; Revolver wound of head-homicide; Poisoned by "PUERPERAL septicaemia," "PUERPERAL peritonitis, "Debility" ("Congenital," "Senile," etc.), "Dropsy," ("Exhaustion," "Heart failure," "Haemorrhage," "Shock," "Old Age," "Shock," causing death), 29 ds.; Bronchopneumonia (secondary), American Medical Association.) approved by Committee on Recommendations on statement of cause of death icianus) may be stated under the head of "contributory." as fracture of skull, and consequences (e. g., sepsis, Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, State cause for which surgical operation was undercan be ascertained as the cause. Always qualify all "Uraemia, tions, such as "Asthenia," "Anaemia" (merely symptom-10 ds. Never report mere symptoms or terminal condi-(secondary or intercurrent) Chronic interstitial nephritis, Whooping cough; use of "Tumor" for malignant neoplasms); unqualified, is indefinite); Tuberculosis of lungs, men-"Atrophy," "Collapse," "Coma," "Convulsions, FOR VIOLENT DEATHS state MEANS OF INJULY resulting from childbirth or miscarriage as (name origin; "Cancer" is less definite; avoid "" "Weakness," etc., when a definite disease Chronic Example: Measles (disease affection need not etc. The contributory valvular heart Nomenclature of the Measles; disease;

If this certificate is looked over thoroughly and all qu stions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

	PLACE OF DEATH	
	ounty Prince JEorges	
	WITHIN COMPORATE LIMITS OF	U
Vil	age or City Colucar Manor (No.	
	2 FULL NAME Wesley C. Man	0
	PERSONAL AND STATISTICAL PARTICULARS	
3 9	Reserved to the territory of the word of t	16
8 0	ATE OF BIRTH	17
	(Month) (Day) (Year)	tha
7 A		and
	45 yrs. 5 mos. 3 ds. or min.?	The
8 0	CCUPATION) Trade, profession or	******
	Trade, profession or Carfeutes General nature of industry	******
Ь	siness, or establishment in hich employed or (employer)	
9 E	(State or country) Charles Country his	
	10 NAME OF J. H. Mandanyohl	(Sign
NTS	11 BIRTHPLACE OF FATHER (State or country) Rew York	
of MOTHER Columbus C. Knew 18		
	13 BIRTHPLACE OF MOTHER (State or Country) (State or Country)	At pof d
14	HE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	if n
	(Informant) Edward. G. Dungan	1941
	(Address) 571- E. N. E. Wall D.T.	1991
15	Filed Ple 30 1934 Hay halley M. D.	20

STATE OF MARYLAND

CERTIFICATE OF DEATH

Registration I	Dist. No.	
Ward)	(If death	occurred in

St. tion, give its NAME is . stead street of

MEDICAL	CERTIFICA	IE OF DEAT	
16 DATE OF DEATH	llec	28	, 193/
	(Month)	(Day)	(Year)
17 I HEREBY C	ERTIFY, That	I attended the	deceased from
	192 to		, 192,
that I last saw h	alive on		, 192,
and that death occurred	d on the date s	tated above, at	m.
The CAUSE OF DEATH			S,
Turk			read
as resu	Wot	acced	ent
Coraner		verde	ex
	0		
	(Duration)	yıs	mosds.
Contributory	*************		· · · · · · · · · · · · · · · · · · ·
Secondary	(5)		
11 40	(Durstion)	Tung Ca	mos
12.0	3		COLOM. D.
Ju 30 1923/	(Address)	Walu	cer des)
*State the l'ls's Violent Causes, state Accidental, Suicidal or	consecution (1) Means of Homicidal.	eath, or, In I Injury and	deaths from (2) Whether
18 LENGTH OF RESID		lospitals, Instit	utions, Trans-
At place of death	- 1	n the State vrs	mosds,
Where was disease contract if not at place of dea.h?.	ted,	•	
Former or			
ususl residence			
Sen Port	Sud.	12-3	BURIAL S
20 UNDERTAKER		ADDRES	SA IN A
Thus Su	grm	Wasi	1. 100

No. 1 OŽ

(Approved by U. S. Census and American Public Health Association.)

sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is necestion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocdefinite salary), may be entered as Housewife, Housework, or At Home, and children, not gainfully emshould be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the husiness or industry, and therefore an Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e.g., Farmer or Planter, business, that fact may be indicated thus; Farmer (restate occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH, gaged in domestic service for wages, as Servand, Cook, Hausemuid, etc. If the occupation has been changed to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken household only (not paid Housekeepers who receive a laborer, Farm laborer, Laborer-Coal mine, etc. Wom-en at home, who are engaged in the duties of the worked on may form part of the second statement. Spinner, (b) Cotton mill; (a) Salcsman. (b) Physician, Compositor, Architect, Locomotive engineer, whatever, write None. Never'return "Laborer," "Foreman," "Manager," "Dealetc., Foreman, (b) Automobile factory. The material For many occupations a single word or term on yrs). For persons who have no occupation without more precise specification as Day Grocery,

EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

carbolic acid—probably sweede. The n.ture of the injury, as fracture of skull, and consequences (e.g., sepsis, stated unless important. Example: Measles (disease "Debility" ("Congenital," "Senile," etc.), "Drcpsy," "E;haustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), Whooping inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., ol approved by Committee on Nomenclature of the tetanus) may be stated under the head of "contributory." accident; Revolver wound of head-homicide; Poisoned by and qualify as ACCIDENTAL, SUICIDAL or HONTGIDAL, taken. FOR VIOLENT DEATHS State MEANS OF INJULY State cause for which surgical operation was under-"PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. diseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all (secondary or intercurrent) affection need not be Whooping cough; Chronic Chronic interstitial nephritis, use of "Tumor" for malignant neoplasms); Measles (name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, men-Recommendations on statement of cause of Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely. American Medical Association.) "Atrophy," "Collapse," "Coma," "Convulsions, Chronic valvular heart disease etc. The contributory

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V. S. No. 1

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PLACE OF DEATH County Prince See	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No.
Village or City Uffer madenism	St.: Ward) (If death occurred in a hospital or institu- tion, give its NAME in- stead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE. MARRIED. WIDOWED. OR DIVORCED (Write the word)	16 DATE OF DEATH ALC 3 (1923). (Month) (Day) (Year)
6 DATE OF BIRTH # 2 , 1882 (Month) (Day) (Year) 7 AGE If LESS than	that I last saw h mail alive on local attended the deceased from the last saw h mail alive on local attended the deceased from local
J G yrs. 9 mos. de. or min.? 8 OCCUPATION (a) Trade, profession or particular kind of work (b) General nature of industry	The CAUSE OF DEATH * was as follows: Lipti'y sou theout
business, or establishment in which employed or (employer) BIRTHPLACE (State or country)	Contributory Secondary (Duration) (Duration) (Duration) (Duration) (Duration) (Duration) (Duration)
10 NAME OF FATHER UNDOWN	(Signed) Mercedy Sasser M. D. Dec 5 1931 (Address) ap. Marehor lay
Z (State or country) 12 MAIDEN NAME OF MOTHER OF MOTHER OF ATHER OF MOTHER OF MOTHER OF MOTHER	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal. 18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents)
13 BIRTHPLACE OF MOTHER (State or Country)	At place of death yrs ds. ds. State yrs lines. ds.
(Informant) Ella Duigeas	if not at place of death? Former or usual residence
(Address) lefter medburgned	19 PLACE OF BURIAL OR REMOVAL PATE OF BURIAL 2D UNDERTAKER ADDRESS
Filed Dec S 1923 / Company Registrar	Relative Bro While Mr. 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

whatever, write Nonc. business, that fact may be indicated thus; Farmer (re state occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH Housemaid, etc. If the occupation has been changed gaged in domestic service for wages, as Nervaut, Cook ployed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Houseen at home, who are engaged in the duties of the household only (not paid Housekeepers who receive a er," etc., worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Spinner, should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. cupation is very important, so that the relative health-Statement of Occupation-Precise statement of octo report specifically the occupations of laborer, Foreman, For many occupations a single word or term on or At Home, and children, especially in industrial employments, it is necesyrs). Farm laborer, Laborer-Coal mine, etc. (b) Cotton mill; (a) Salesman. without more precise specification as Doy For persons who have no occupation (b) Automobile factory. The material not gainfully em-(b) persons en-Grocery

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphilheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

as fracture of skull, and consequences (e. g., sepsis, accident; Revolver wound of head-homicide; Poisoned by American Medical Association.) approved by Committee on Nomenclature Recommendations on statement of cause of tetailus) may be stated under the head of "contributory." "PUERPERAL septicacmia," "PUERPERAL peritonitis," etc. atic), "Atrophy," "Collapse," "Coma," "Convulsions, "Debility" ("Congenital," "Senile," etc.), "Dropsy," ("Exhaustion," "Heart failure," "Haemorrhage," (secondary or intercurrent) affection need not be stated unless important. Example: Measles (disease carbolic acid-probably suicide. The nature of the injury, and qualify as ACCIDENTAL, SUICIDAL OF HOMICIDAL, diseases resulting from childbirth or miscarriage as "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease tions, such as "Asthenia," "Anaemia" (mercly symptomcausing death), 29 ds.; Bronchopneumonia (secondary), use of "Tumor" for malignant neoplasms); Measles; or as probably such, if impossible to determine definitely. State cause for which surgical operation was underunqualified, is indefinite); Tuberculosis of lungs, men-Examples: Accidental drowning; Struck by railwoy troincan be ascertained as the cause. Chronic interstitial nephritis, .. (name origin; "Cancer" is less definite; avoid perilonaeum, etc., Carcinoma, Sorcoma, etc., of Never report mere symptoms or terminal condi FOR VIOLENT DEATHS state MEANS OF INJURY cough; Chronic valvular heart disease; etc. The contributory Always qualify all

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5

CORD. Every item of infor-PHYSICIANS should state Exact statement of OCCUPAstated EXACTLY. H UNFADING INK-THIS IS A PERMANENT CAUSE OF DEATH in plain terms, so that it may be properly classified. MARGIN RESERVED FOR BINDING TION is very important. See instructions on back of certificate. AGE should be nation should be carefully supplied. N. B. WRITE PLAINLY,

V. S. No. 1

STATE OF MARYLAND—	CERTIFICATE OF DEATH 14595
1. PLACE OF DEATH	94-0
County Armice George	Registration Dist. No. 2 5
Village or City Upper Warlero KHI Forestort	le word. St., Ward death occurred in a hospital or institution, give its NAME instead of street and number)
1/	ds. How long In U.S. if of foreign birth?mosds.
2. FULL NAME Richard Oliver Who	rare
(a) Residence: No. Uhher Warlboro 11 7 md	. St Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word)	21. DATE OF DEATH December 2 131
5a. If married, widowed, or divorcad	(Month) (Day) (Year)
HUSBANO OF (OF) WIFE OF Mrs. Laura Phrown.	22. HEREBY CERTIFY. That I attended deceased from October 10, 1929, to Dec. 2, 1931
6. DATE OF BIRTH (month, day, end year) & ecomber 4 1866	I last saw h. sam_ eliva on Hovember 15, 193/; death is said
7. AGE Yeers Months Days If LESS than	to have occurred on the data statad above, at 6 -3 m.
64 11 28 1 day,hrs.	Tha PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
8. Trade profession or particular	induia betario 12/2/3/
kind of work done, es SPINNER, Tarmer Heneral	
9 Industry or business in which work was dona, as SILK MILL. Quoried ours fame land.	
O 10. Date deceased last worked at 11. Total time (years)	
this occupation (month and see 1981 spant in this scale occupation Kife	
12. BIRTHPLACE (city or town) Prince George &	Other Coutributory Causes of Importance:
(State or country) Walsland.	To the first to the contract
13. NAME Jasias Moore	Chronic Costelis following Bonovel
14. BIRTHPLACE (city or town)	Name of operation Removal of Prostate Oats of Oct 1929
(State or country) Waryland.	What test confirmed diagnosis? Wes there an eutopsy? 310
15. MAIDEN NAME Mary Elizabeth Summ.	23. If death was dua to external causes (VIOLENCE) fill In elso the following:
D 16. BIRTHPLACE (city or town)	Accident, suicide, or homicide? Deta of injury, 19
E (Stete or country) Maryland.	Whera did Injury occur?
17, INFORMANT Mas Laural mare	(Specify city or town, county and State) Specify whether injury occurred in INOUSTRY, in HOME, or in PUBLIC PLACE.
(Address) tokker Warlbaro 11+1	
18. BURIAL, CREMATION OR REMOVAL	Manner of injury
Place (DD) 1500 Date 100 , 190 /	Neture of injury
19. UNOERTAKER White Cruz	24. Was diseasa or Injury In any wey related to occupetion of decaasad?
20. FILEO Dea 4, 1931 Mish Shall Registrar.	(Signed) Baul & Van Gatta M. D. (Address) Weller War bar W+1 Hed
	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.-The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example H	
The principal cause of death and related caus of importance were as follows:	ses Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

									3	1
_						-			1	1
R	-0	rie	tra	tie	127	D	ist.	N.	ale	
			ev e	CER	-		40.00	A V.	V	

Ward)

(if death occurred in a hospital or Institu-tion, give its NAME in-stead of street and number.)

PLACE OF DEATH

stated EXACTLY, Propriet properly classified.

on back

See instructions

is very important.

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CAUSE ATION IS

d state

CIANS should statement of OC

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15

(Informant)

WRITE

ld be carefully supplied. ACE should be DEATH in plain terms so that it may be

UNFADING INK-THIS MARGIN RESERVED

BINDING

alwander mowatt

	PERSON	AL AND	STATIST	ICAL PA	ARTICU	LARS
	male	4 COLOR	or race		IED.	
6	DATE OF BIR	тн				
			(Month)		(Day)	, 1872 (Year)
7 /	AGE	59 yr	. 9	mos.	2 ds.	If LESS than I day hrs. or min.?
1	a) Trade, pro articular kind	l of work.	200	ne_/	Tuso.	90
8's	articular kind b) General na usiness, or es which employed BIRTHPLACE (State or cou	ture of inc tablishmen ed or (empl	dustry at in loyer) Ser	thing		
8's	b) General natural nat	ature of incitablishmented or (emplored)	dustry	thing ich	Ston	<u>e</u> .

MEDICAL CERTIFIC	ATE OF DEATH
16 DATE OF DEATH	
	, 192
Desembe (Month) 6 (Day) 193/ (Year)
17 I HEREBY CERTIFY, Tha	t I attended the deceased from
Nova / 193/ . to	Dec 6, 195/
that I last saw h/24 alive on	Der 6, 198/,
and that death occurred on the date	stated above, at 10:50 P. m.
The CAUSE OF DEATH * was as follo	wat
aute cardiac	dilatation
**************************************	**************************************
опила» » эт» » нимериял пред пред » « пилаво с ласко во во во во во во во во во ф илар во во о филар во филар во	**************************************
	1
# 00 00 0000 000 000 000 000 000 000 00	//
(Duration	yrsmos. 2. hal
Contributory	
Segondary	/ ' /
(him my restation	yra AA.mos de.
E () (V)	- B VV
(Signed)	M. D.
12/6 198/ (Address) /51	5 KIA au NE year
*State the Disease Causing Violent Causes, state (1) Means Accidental, Suicidal or Homicidai.	Death, or, In deaths from of Injury and (2) Whether
18 LENGTH OF RESIDENCE (For	Hospitals, Institutions, Trans-
At place	In the
At Diace	ALL LISC

18 LENGT	TH OF	RESIDE	NCE (Fo	Hospitals,	Institutions,	Tran
ients o	r Recen	t Residen	ta)			
At place				In the		
of death	3270	772.0.8	de.	State	Vrsmos.	d

Where was disease contracted, if not at place of dea.h?.....

Former or usual readence

19 PLACE	OF PURIAL	OR REMO	VAL
7	OF BURIAL		ned
VOU	Mu	com	my

OF BURIAL

If more bianks are needed, address State Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1./

S. No. 1

(Approved by U. S. Census and American Public Health Association.)

er," etc., without more processes, etc. Wom-laborer, Farm laborer, Laborer—Coal mine, etc. Wom-en at home, who are engaged in the duties of the Spinner, should be used only when needed. As examples: (a) additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the the first line will be sufficient, e.g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of octired 6 yrs). state occupation at beginning of illness. If retired from gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed household only (not paid Housekeepers who receive a definite salary), may be entered as Housewife, Housenature of the husiness or industry, and therefore an Civil engineer, business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement. Physicun, whatever, write None. Foreman, or At Home, and children, not gainfully em-For many occupations a single word or term on especially in industrial employments, it is neces-(b) Cotton mill; (a) Salesman. Compositor, Architect, Locomotive engineer, For persons who have no occupation (b) Automobile factory. The material Stationary fireman, etc. But in many (b) Grocery;

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

diseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. "Debility" ("Congenital," "Senile," etc.), "Dropsy, "Exhaustion," "Heart failure," "Haemorrhage, stated unless important. use of "Tumor" for malignant neoplasms); Measles; inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of (name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, mencarbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, State cause for which surgical operation was undercan be ascertained as the cause. Always qualify all "(Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease tions, such as "Asthenia," "Anaemia" (merely symptom-10 ds. Never report mere symptoms or terminal condicausing death), 29 ds.; Bronchopneumonia (secondary), (secondary or intercurrent) affection need not be Chronic interstitial nephritis, Whooping cough; as fracture of skull, and consequences (e.g., sepsis, American Medical Association.) approved (Recommendations on statement of cause of letanus) may be stated under the head of "contributory." Examples: Accidental drowning; Struck by railway train-"Atrophy," "Collapse, FOR VIOLENT DEATHS STATE MEANS OF INJURY by Committee on Chronic valvular heart disease; Example: Measlcs (disease " "Coma," "Convulsions, etc. The contributory Nomenclature of the

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

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9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, inechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk,

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
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Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

Registration Dist. No. 2 3 5 Want Market St., Want (If death occurred in a hospital or institution, give its NAME instead of street and number) In city or town where deeth occurred by yrs. mos. ds. How long in U.S. If of foreign birth? yrs. mos. ds. How long in U.S. If of foreign birth? yrs. mos. (Cusual place of abode) AND STATISTICAL PARTICULARS OLOR OR RACE S. SINGLE MARRIED, WIDOWED. OR DIVORCED (write the word) divorced Fuffact of (write the word) divorced Fuffact of (Month) OLOR OR RACE S. SINGLE MARRIED, WIDOWED. OR DIVORCED (write the word) if her REBY CERTIFY, That I ettended deceased from the stated above, at 1930, to December 9, 1931, deeth is seen to have a stollower as follower. The PRINCIPAL CAUSE OF DEATH and related ceuses of importence were as follower.	STATE OF MARYLAND—	CERTIFICATE OF DEATH	1598
In city or town where deeth occurred a few commons and series and number) In city or town where deeth occurred a few commons and series and number) In city or town where deeth occurred a few commons and series and number) In city or town where deeth occurred a few commons and series and number) In city or town where deeth occurred a few commons and series and number) In city or town where deeth occurred a few commons and series and number) In city or town where deeth occurred a few commons and series and number) In city or town where deeth occurred a few commons and series and number) In city or town where deeth occurred a few commons and series and number) In city or town where deeth occurred a few commons and series and number) In city or town where deeth occurred a few commons and series and number) In city or town where deeth occurred a few commons and series and number) In city or town where deeth occurred in a horpital or institution, sive its NAME instead and number) In city or town where deeth occurred in a horpital or institution, sive its NAME instead and number) In city or town where deeth occurred in a horpital or institution, sive its NAME instead of number and series and number) In city or town where deeth occurred in a horpital or institution, sive its NAME instead of number and series and number and series and number and series and series and number and series and s	EATH	(124-2)	-
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In city or town where deeth occurred a first and number) In city or town where deeth occurred a first and number) In city or town where deeth occurred a first and number) In city or town where deeth occurred a first and number) In city or town where deeth occurred a first and number) In city or town where deeth occurred a first and number) In city or town where deeth occurred a first and number) In city or town where deeth occurred a first and number) In city or town where deeth occurred a first and number) In city or town where deeth occurred a first and number) In city or town where deeth occurred a first and number) In city or town where deeth occurred a first and number) In city or town where deeth occurred a first and number) In city or town where deeth occurred a first and number) In city or town where deeth occurred a first and number) In city or town where deeth occurred a first and number) In city or town where deeth occurred in a hospital or institution, give it NAME instead and number) In city or town where deeth occurred in the deet a first and number) In city or town where deeth occurred in a hospital or institution, give it NAME instead of the first and number) In city or town where deeth occurred in the deet and number) In contract a first and number of the first and number of the first and number) In city or town where deeth occurred in the deet stated above, at 12 24 m. The PRINCIPAL CAUSE OF DEATH and related couses of importence were as follows: In the REB BY CERT I FY. That I eltended deceased first and number of the first	kher Warlbox 7#1	No. St	Ward
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OLOR OR RACE OR DIVORCED (wire the word) What receive the word) divorced the feet of the feet of the word of the deep state down to the deep state down as follows: I HEREBY CERTIFY. That I ettended deceased from the deep state down at 12 Am. I dey, and year) I the REBY CERTIFY. That I ettended deceased from the deep state down at 12 Am. I dey, and year are alive on Dazanther 9, 192 / deeth is set to the very occurred on the dete stated above, at 12 Am. The PRINCIPAL CAUSE OF DEATH and related ceuses of importence were as follows: Worked et month end 93 / Distall time (years) Sort board of the deep stated above, at 12 Am. The PRINCIPAL CAUSE OF DEATH and related ceuses of importence were as follows: Other Contributory Causes of Importence: Other Contributory Causes of Importence: What test confirmed diagnosis? Was there en europsy? Accident, suicide, or homicide? Date of Injury 19. Where did injury occur? OSpecify city or town equally and State)			State
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Whet test confirmed diegnosis? Was there en eulopsy? In the confirmed diegnosis?	1000000	Y	
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(Specify city or town, county and State)	a town		
(Specify city or town county and State)			, 15
Tukker upellore MA / W	Secretal of Reson	(Specify city or town, county and State	e)
	Tupper Warllors That us	The state of the s	
R REMOVAL MIL 12/1, 2 Manner of injury		Manner of injury	
Strelle My. Oete 4/1/ ,193/ Nature of Injury	193/	Nature of Injury	
Little Med. 24. Was disease or injury in any way related to occupation of deceased? No-	eletil med.	24. Was diseese or injury in any way related to occupation of deceesed?	no-
Relative med of a If so, specify	relative may		
1931 Thos & Fifth (Signed) Faul & Van Gallo M.	1931 Thos J Juffelle	(Signed) Sent & Van Gallo	M, D.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U.S. No. 1.

Registrar.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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BUREAU V 8			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

-WRITE PLAINLY, WITH UNFADING LANGESTATED EXACTLY. PHYSICIANS should state mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state -WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-MARGIN RESERVED FOR BINDING TION is very important. See instructions on back of certificate.

V. S. No. 1

STATE	OF	MARYLAND-CERTIFICATE	OF	DEATH	14599
DEATH	0				

County / mel 100 glo Registration Dist. No. 20	/
Village or City Nestword MC No. St.,	Ward
(If death occurred in a hospital or institution, give its NAME instead of street and nu Length of residence In city or town where death occurredyrs,mosds. How long in U.S. if of foreign birth?yrs,mos	
011521001	
2. FULL NAME POPELY OWN	
(e) Residence: No. (Usual place of abode) St., Ward. If nonresident give city or town and S	State
PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH	
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word) Thale Colored 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) (Month) (Day)	193_/
5a. If married, widowed, or divorced HUSBAND of 22. I HEREBY CERTIFY, That 1 attended of	eceased from
(or) WIFE of	
6. DATE OF BIRTH (month, day, and year) Dec 2/2/193/ Hast saw h alive on	death is said
7. AGE Years Months Days If LESS than to have occurred on the date stated above, at	
ormin. were fat follows:	Date of onset
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc 10. Bue deceased last worked at 11. Total time (years)	~~~~~~
9. Industry or business in which work was done, as SILK MILL,	
SAW MILL, BANK, etc	
this occupation (month end spant in this occupation occupation occupation	
Other Contributory Causes of Importance:	
12. BIRTHPLACE (city or town) (State or country)	
II 13. NAME John Sam	
14. BIRTHPLACE (city or town). agrees Name of operation. Date of	
(State or country) What test confirmed diagnosis? Was there an au	topsy?
15. MAIDEN NAME Tulunal fungusure 23. If death was due to external causes (VIOLENCE) fill In also the following:	
To 16 BIRTHPLACE (city or town) 12 COUNTY CO. Accident, suicide, or homicide? Date of Injury Date of Injury	, 19
(Specify city or town, county and State)
17. INFORMANT Specify whether injury occurred in INDUSTRY, In HOME, or In PUBLIC PLAN	
(Address) / Cofficient Manager of John Manager	
Man Subarra Turner on holog 210kg 3'	
Nature of injury 19 HNDERTAKER 24. Was disease or injury in any way related to occupation of deceased?	
19. UNDERTAKER 24. Was disease of injury in any way related to occupation of deceased? (Address)	1 1
20. FILED Alle 24, 1931 Jum B. Contel (Signed) Henry B. Coulee Sica	el Rusy.
Registrar. (Address)	1

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Cerebral hemorrhage	BUREAU V.S	July 5,1927	Peritonitis	3 days ago	
Other contributory causes of importance:			Other contributory causes of importance:		
Gallstones		May 1,1923	Gastroenteritis	1 year	
Gaustones		M ay 1,1923	Construentes	1 yea	

if more blanks are needed, address State Registrar, 18 W. Saratoga St., Balto., Requesting V. S

STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No.

St: Ward) (If death occurred in

-	I Shipley.	a hospital or institu- tion, give its NAME in- stend of street and humber.)
	MEDICAL CERTIFICATE	OF DEATH
	16 DATE OF DEATH Rec (Month)	/2 T, 193/
	I HEREBY CERTIFY, That I att	1-
	and that death occurred on the date stated	1 above, at 3 30
	The CAUSE OF DEATH it was as follows:	
	and Dighthera &	
	(Duretion)	yrs. mos. 6. d
	Contributory Toxic My	carditio
	1 2 2	Cawley MI
	*State the Disease Causing Death, Violent Causes, state (1) Means of Inju	
	Accidental, Suicidal or Homicidal, 18 LENGTH OF RESIDENCE (For Hospi lents, or Recent Residents)	itals, Institutions, Trans
	At place In the of death yrs. mos da. State Where was disease contracted,	cyrsmos. d
	if not at place of death? Former or usual residence	
1	Cedar Hell Cou.	12/13 193
i		

(Approved by U. S. Census and American Public Health Association.)

on at home, who are engaged in the duties of the state occupation at beginning of illness. If retired gaged in domestic service for wages, as Screant, Cook ployed, as At "chool or At home. Care should be taken definite salary), may be entered a. Housewife, Househousehold only (not haid Housekeepers who receive a Never return "Laborer," "Foreman." "Manager." "Dealrhould be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Civil engineer, Stationary firemen, etc. But in many the first line will be sufficient, e. g., Farmer or Planter, fulness of various pursuits can be known. The quescupation is very important, so that the relative healthwhatever, write None. business, that fact may be indicated thus: Furmer or given up on account of the DISEASE CAUSING DEATH. Housemaid, etc. If the occupation has been, changed to report specifically the occ pations worked on may form part of the (a) Foreman. (b) Automobile factory. "pinner. (b) Cotton mill: (a) Salesman, (b) Grocery; Physician, Compositor, Architect, Locomotive engineer, tion applied to each and every person, irrespective of Statement of Occupation - Precise statement of oc-6 yrs.). For many occupations a single word or term on OF Farm laborer, Laborer-Coal mine, etc. Wom-100 with all more precise specification as Day Home, and children, not gainfully em-For persons who have no occupation second statement of The material persons

Reacement of Cause of Death—Name, first, the DEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Corebroshool fever (the only definite synonym is "Epidealic carebroshool meningitis"); Diphtheria (avoid us. of "Croup"); Typhoid fever (never report "Typhoid inteumonia,"): Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

5

the certificate is permanently filed.

tions answered in detail, it will prevent further correspond

must be obtained before

If this certificate is looked over thoroughly and all ques

ment of cause of death approved by Committee on Nonenclature of the American Medical Association. quences (e. g., sepsis, tetanus) may be stated under the ture of the injury, as fracture of skull, and consesymptomatic), "Atrophy," "Collapse," conditions, such as "Asthenia." causing death), 29 ds.; Bronchopneumonia nead train-accident: Revolver wound of head-homicide; as probably such, if impossible to determine definitely and qualify as ACCIDENTAL, SUICIDAL, OF HOMICIDAL, "PUERPERAL septicaemia." "PUERPERAL peritonitie," diseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all "Uraemia," "Weakness." etc., when a definite disease rhage." "Inanitiop." "Marasmus," "Old Age," "Shock," "Dropsy." "Exhaustion," "Heart failure." "Haemorvulsions." ary), 10 ds. Never report mere symptoms or terminal stated unless important. Example: Measles Chronic interstitial nephritis, etc. The contributory use of "Tumor" for mallgnant neoplasms); Measles; inges, peritonacum, etc., Caroinoma, Sarcoma, etc., of Polyoned by carbolic acid—probably suicide. Examples: Accidental drowning; Struck by railway State cause (secondary or intercurrent) affection need Whooping unqualified, is indefinite); Tuberculosis of lungs, menof "contributory." .. (name origin; "Cancer" is less definite; avoid For "Debility" ("Congenital," "Senile," etc.), cough; VIOLENT DEATHS STATE MEANS OF INJURY for which surgical operation was under Chronic valvular heart disease; (Recommendations on state-"Anaemia" "Соша," The na-(second-(disease (merely not be "Conetc.

V. S. No. 1

County Ringe Leonse	14601 STATE OF MARYLAND CERTIFICATE OF DEATH
VITHIN CORPORATE LIMITS OF	Registration Dist. No. 239
Village or City Aurel (No	St: Ward) (If death occurred In a hospital or institution, give Its NAME Itstead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Male White Single, MARRIED, WIDOWED. Married (Write the word)	16 DATE OF DEATH / 2 / 9 , 1923 / (Month) (Day) (Year)
6 DATE OF BIRTH 30 , 1880 (Month) (Day) (Year)	17 I HEREBY CERTIFY, That I attended the deceased from [0, 5, 19], to 12, 19], that I last saw here alive on 2, 19, 1977,
7 AGE	and that death occurred on the date stated above, atm, The CAUSE OF DEATH * was as follows:
(a) Trade, profession or particular kind of work (b) General nature of industry business, or establishment in which employed or (employer)	(Duration) vis 4 mos de. Contributory Hasse Table Greenworks
9 BIRTHPLACE (State or country) 10 NAME OF FATHER 11 BIRTHPLACE OF FATHER CState or country) 12 CSTATE OF COUNTRY 13 CSTATE OF COUNTRY 14 CSTATE OF COUNTRY 15 CSTATE OF COUNTRY 16 CSTATE OF COUNTRY 17 CSTATE OF COUNTRY 18 CSTATE OF COUNTRY 19 BIRTHPLACE (State or country) 10 NAME OF FATHER 11 BIRTHPLACE OF FATHER 12 CSTATE OF COUNTRY 13 CSTATE OF COUNTRY 14 CSTATE OF COUNTRY 15 CSTATE OF COUNTRY 16 CSTATE OF COUNTRY 17 CSTATE OF COUNTRY 18 CSTATE OF COUNTRY 18 CSTATE OF COUNTRY 19 CSTATE OF COUNTRY 10 NAME OF FATHER 11 BIRTHPLACE OF FATHER 12 CSTATE OF COUNTRY 13 CSTATE OF COUNTRY 14 CSTATE OF COUNTRY 15 CSTATE OF COUNTRY 16 CSTATE OF COUNTRY 17 CSTATE OF COUNTRY 18 CSTATE OF COUNTRY 18 CSTATE OF COUNTRY 18 CSTATE OF COUNTRY 18 CSTATE OF COUNTRY 19 CSTATE OF COUNTRY 19 CSTATE OF COUNTRY 19 CSTATE OF COUNTRY 10 CSTATE OF COUNTRY 11 CSTATE OF COUNTRY 11 CSTATE OF COUNTRY 12 CSTATE OF COUNTRY 13 CSTATE OF COUNTRY 14 CSTATE OF COUNTRY 15 CSTATE OF COUNTRY 16 CSTATE OF COUNTRY 17 CSTATE OF COUNTRY 17 CSTATE OF COUNTRY 17 CSTATE OF COUNTRY 18 CSTATE OF COUNTRY	Secondary (Duration) yrs
12 MAIDEN NAME OF MOTHER 13 BIRTHPLACE OF MOTHER (State or Country) 12 MAIDEN NAME OF MOTHER (State or Country)	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents) At place of deathyrsmosds.
(Informant) My Rose a Seeling (Address) Laurel mal	Where was disease contracted, if not at place of death? Former or usual residence 19 PLACE OF BURIAL OR REMOVAL for DATE OF BURIAL LULLIN Caroline Cenulary Dic. 22 Lt., 193/.
Filed Need / 193/M. Brasheau Registrar	Mary P. Starl Elliott City
If more hanks are needed, addre, a State Registrar	. 16 W. Safatova St., Balto., Requesting V. S. No. 1.

ula . Land In

REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

(Approved by U. S. Census and American Public Health Association.)

fulness of various pursuits can be known. The quessary to know (a) the kind of work and also (b) the cupation is very important, so that the relative health-Statement of Occupation-Precise statement of octired 6 yrs). For persons who have no occupation Spinner, (b) Colton mill; (a) Salesman, should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an cases, especially in industrial employments, it is neces-Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of state occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH. gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed ployed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the er," etc., worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealwhatever, write None. business, that fact may be indicated thus; Farmer (rereport specifically the occupations of persons en-Foreman, or At Home, and children, not gainfully em-For many occupations a single word or term on Farm laborer, Laborer-Coal minc, etc. Womwithout more precise specification as Day (b) Automobile factory. The material (b) Grocery;

Statement of Cause of Death—Name, first, the DIS-EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

> Recommendations on statement of cause of American Medical Association.) (secondary or intercurrent) affection need not be stited unless important. Example: Measles (disease inges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); Measles; "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease "Debility" ("Congenital," "Senile," etc.), "Dropsy, "Exhaustion," "Heart failure," "Haemorrhage, tions, such as "Asthenia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," 10 ds. Never report mere symptoms or terminal condicausing death), 29 ds.; Bronchopneumonia (secondary), Chronic interstitial nephritis, etc. The contributory unqualified, is indefinite); Tuberculosis of lungs, mentelanus) may be stated under the head of "contributory." carbolic acid-probably suicide. The n ture of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, State cause for which surgical operation was under-"PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. diseases resulting from childbirth or miscarriage as can be ascertained as the cause. Whooping cough; se-fracture of skull, and consequences (e. g., sepsis, Examples: Accidental drowning; Struck by railway train-FOR VIOLENT DEATHS state MEANS OF INJULY Chronic valvular heart Always qualify all disease ;

If this certificate is looked over thoroughly and all qu stions characteristic data is essential and must be obtained before the certificate is permanently filed.

6 19

FOR BINDING

MARGIN RESERVED

L.S. No. 1

STATE OF MARYLAND—	CERTIFICATE OF DEATH 14602
1. PLACE OF DEATH	93-2
County In Sea County	Registration Dist. No.
Village or City O-ale Grow A	NoSt.,Ward
	death occurred in a horpital or institution, give its NAME instead of street and number) ds. How long in U.S. if of foreign birth?
2. FULL NAME WHELLA SMULLE (2) Pasidance: No. WESLEY M. (M. P.J. D.	(och Aurie) Ward
(a) Residence: No. (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH Cember of (Yaar)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Frank Smith	22. 1 HEREBY CERTIFY, That I attended deceased from 19 193/ to Dec 4 193/
6. DATE OF BIRTH (month, day, end year) While 5, 1908	Hast saw h. LY allve on De C 2 193/ death is said
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at91_00.A_m.
93 7 29 1 day, hrs. or min.	The PRINCIPAL CAUSE OF DEATH and related causes of importance ware as follows:
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	acute tracheo from chilis Date of onset no 19
kind of work done, es SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 11. Total time (years)	
O To Date decessed last worked et this occupation (month and year) 11. Total time (years) spent in this occupation 7 400	
12. BIRTHPLACE (city or town) Mary and . (State or country) On See County	Other Contributory Canses of Importance: Dec 1st
13. NAME James Marshall	
14. BIRTHPLACE (city or town)	Name of operation
(State of Country)	What tast confirmed diagnosis? Published wild was there an autopsy?
15. MAIDEN NAME 16. BIRTHPLACE (city or town) (Citals or country)	23. If death was due to external ceuses (VIOL ENCE) fill In elso the following:
16. BIRTHPLACE (city or town)	Accident, suicide, or homicide?
(State or country) Mary and	Whare did injury occur?(Specify city or town, county and State)
17. INFORMANT CAN'S Smill (Address) Upper Maille M	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL REPRESENTATION	Mannar of injury
Place 7 193 /	Nature of injury
19. UNDERTAKER Clarage Horoaul	24. Wes disease or Injury in any way related to occupetion of decaased?
(Address) Micheevel Ind	If so, specify
20. FILED 12/4 , 181 HA: Phys pagestrar.	(Signed) What I have Sta D. S. M. D.
If more blanks are needed, address State Registrar,	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the discase, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

	Example II		
	of importance were as follows:		
		1 week ago	
July 5, 1927		3 days ago	
	Other contributory causes of importance:		
May 1,1923	Gastroenteritis	1 year	
	1915 1921 July 5,1927	Date of onset The principal cause of death and related causes of importance were as follows: Attack of epilepsy Run over by street car July 5, 1927 Peritonitis Other contributory causes of importance:	

ADDITIONAL SP.	ACE FO	REURTHER	STATEMENTS	BY	PHYSICIAN
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1 PLACE OF DEATH TLY. PHYSICIANS Exact statement of EXACTLY. RECORD A PERMANENT SINDIN AGE FOR RESERVED UNFADING INK N. B.—Every item of information should be carefully su should state CAUSE OF DEATH in plain terms, OCCUPATION is very important. See instruction WRITE PLAINLY, WITH NIO X 8. No. 1.

201 M

STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No. 243

Village or City (No. ,	St.; Ward) [if death eccorred a hospital er institution give its NAME instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
**COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED OR DIVORCED (Write the word)	16 DATE OF DEATH ALL 28 , 191 (Month) (Day) (Year
TAGE Approximately If LESS than 1 day, hrs. OR min.?	that I last saw h
(a) Trade, profession, or particular kind of work (b) General nature of industry business, or establishment in which employed (or employer) BIRTHPLACE (State or country) 10 NAME OF FATHER (State or country) 11 BIRTHPLACE OF FATHER (State or country) (State or country) 12 MAIDEN NAME	(Buretion) yre mos. Contributory Secondary (Buration) yre mos. (Signed) Augustion yre mos. (Signed) State the Disease Causing Death, or, in deaths from Violent Gausses, state (1) Means of Injury; and (2) whether Accidental.
OF MOTHER OTHER OTHE	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIEN' OR RECENT RESIDENTS) At place in the of death yre. mes. de. Stete, yre. mes. Where wee discess contracted, if not at place of death? Former or esual residence
(Address) Y 15 Filed Alle 29, 1943 FS Curcusto mul	19 PLACE OF BURIAL OR REMOVAL Mash. D. DATE OF BURIAL 1729 3101 20 UNDERTAKER ADDRESS

If mera blanks are needed, address State Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health
Association.]

write None business, that fact may be indicated thus: Farmer (retired state occupation at beginning of illness. or given up on account of the DISEASE CAUSING DEATH, Housemaid, etc. If the occupation has been changed engaged in domestic service for wages, as Servant, Cook, taken to report specifically the occupations of persons employed, as At school or At home. Care should be wife, Housework, or At Home, and children, not gainfully who receive a definite salary), may be entered as Housethe duties of the household only (not paid Housekeepers precise specification as Day laborer, Farm laborer, Laborer mill; (a) Salesman, (b) Grocery; (a) Foreman, ean, Compositor, Architect, Locomotive engineer. Civil engineer, Stationary fireman, etc. But in many cases, applies to each and every person, irrespective of age. "Foreman," "Manager," "Dealer," etc., without more of the second statement. mobile factory. only when needed. As examples: (a) Spinner, (b) Cotton is provided for the latter statement; it should be used business or industry, and therefore an additional line know (a) the kind of work and also (b) the nature of the especially in industrial employments, it is necessary to first line will be sufficient, c. g., Farmer or Plunter, Physi-For many occupations a single word or term on the Coal mine, etc. Statement of Occupation-Precise statement of occupavery important, so that the relative healthful-For persons who have no occupation whatever The material worked on may form part Women at home, who are engaged in Never return If retired from "Laborer, (b) Auto-

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospital fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia, Bronchopneumonia of lungs, meningualified. is indefinite); Tuberculosis of lungs, meningualified.

under the head of "Contributory." cough; Chronic valvular heart disease; Chronic interstitial "Tumor" for malignant neoplasms); Measles; Whooping ges, peritonaeum, etc. (l'arcinoma, Sarcima, etc., of..... genital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hacmorrhage," "Inanition," "Maras-"Anaemia" (merely symptomatic), "Atrophy, lapse," "Coma," "Convulsions," "Debility" symptoms or terminal conditions, such as "Asthenia, chopneumonia (secondary), 10 ds. Example: Measles (disease causing death), 29 ds.; Bronrent) affection need not be stated unless (name origin; "Cancer" is less definite; avoid use of and consequences (e. g., sepsis, tetanus) may be stated SUICIDAL, or HOMICIDAL, or as probably such, if impossible to determine definitely. Examples: Accidental drowning: state MEANS OF INJURY and qualify as ACCIDENTAL, surgical operation was undertaken. For violent deates "PUERPERAL peritonitis," etc. State cause for which birth or miscarriage as "Puerperal septichaemie, etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," on statement of cause of death approved by Committee suicide. The nature of the injury, as fracture of skull head-homicide; Poisoned by on Nomenclature of the American Medical Association.) by railway train-accident; Revolver wound of Always qualify all diseases resulting from child-"Senile," etc.), The contributory (secondary or intercur-"Dropsy," "Exhaustion, carbolic Never report mere "Atrophy," (Recommendations acid-probably important. ("Con-

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

KACTLY, PHYSI

PLACE OF DEATH

STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No. 239

Village or City Muse (No. 2FULL NAME MASSING Sullivan	St.: Ward) (If death occurred in a hospital or institution, give its NAME instead of atreet and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Hernale hate Single, Married OR DIVORCED (Write the word)	16 DATE OF DEATH Lec 3 , 193/ December (Month) 3 (Day) 193/ (Year)
(Month) (Day) (Year)	17 I HEREBY CERTIFY, That I attended the deceased from 1930. to See 3, 193/, that I lest saw heresive on See 3, 1923/,
7 AGE 53 yrs.	and thet death occurred on the date stated above, at 6 A, m. The CAUSE OF DEATH * was as follows: Leve Vial harmon hage
particular kind of work (b) General nature of industry business, or establishment in which employed or (employer) 9 BIRTHPLACE (State or country)	(Durstion) yre mos 2 ds. Contributory Attento selenos is Secondary (Durstion) 5 yre mos ds.
10 NAME OF FATHER Shu Sales 11 BIRTHPLACE OF FATHER (State or country)	(Signed)
12 MAIDEN NAME OF MOTHER 13 BIRTHPLACE OF MOTHER (State or Country) 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trensients or Recont Residents) At place In the State yrs mos. ds. Where was disease contracted, if not at place of death?
(Address) Beltsville Ml. Filed Plec 5 193/M. Brashens	19 PLACE OF BURIAL OR REMOVAL 19 PLACE OF BURIAL OR REMOVAL 20 AND DERTAKER DATE OF BURIAL OF BURIAL OF BURIAL DATE OF BURIAL OF BURIAL OF BURIAL DATE OF BURIAL OF

If more branks are needed, address State Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

should be used only when needed. As examples: (0) additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the the first line will be sufficient, e.g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocstate occupation at beginning of illness. If retired from definite salary), may be entered as Housewife, Houseer," etc., without more process of mine, etc. Wom-laborer, Farm loborer, Laborer—Coal mine, etc. Wom-Spinner, (b) Cotton mill; (a) Salesman. nature of the business or industry, and therefore an cases, especially in industrial employments, it is neces-Civil engineer, Physician, Compositor, Architect, Locomotive engineer, whatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, Housemaid, etc. If the occupation has been changed gaged in domestic service for wages, as Servont, Cook to report specifically the occupations of persons enployed, as Al school, or Al home. Cure should be taken household only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement Foreman, For many occupations a or At Home, and children, not gainfully emyrs). For persons who have no occupation (b) Automobile factory. The materia. Stationary firemon, etc. But in many single word or term on 6 Grocery;

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospingle fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia,"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

American Medical Association.) Recommendations on statement of cause of death approved by Committee on Nomenclature (elwins) may be stated under the head of "contributory." carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by "PUERPERAL septicacmia," "PUERPERAL peritonitis," etc. "(Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease "Debility" ("Congenital," "Senile," etc.), "Dropsy, causing death), 29 ds.; Bronchopneumonia (secondary), (secondary or intercurrent) affection need not be stated unless important. Example: Measles (disease use of "Tumor" for malignant neoplasms); as fracture of skull, and consequences (e.g., sepsis, or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, State cause for which surgical operation was underean be ascertained as the cause. Always qualify all tions, such as "Asthenia," "Anaemia" (merely symptom-Chronic interstitial nephritis, unqualified, is indefinite); Tuberculosis of lungs, men-Examples: Accidental drowning; Struck by railway troindiseases Whooping cough; "Atrophy," "Collapse," "Coma," "Convulsions, perilonaeum, etc., Carcinoma, Sarcoma, etc., of Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS state MEANS OF INJURY resulting from childbirth or miscarriage as (name origin; "Cancer" is less definite; avoid Chronic etc. The contributory valvular heart disease; Measles;

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate in permanently filed.

JAN 6 1932

Every Item of information should be carefully supplied. ACE should be stated EXACTLY, PHYSI-CIANS should state CAUSE OF DEATH in plain terms so that it may be properly-classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. ECORD LN. MARGIN RESERVED FOR BINDING WITH UNFADING INK--THIS IS A PERM WRITE PLANL

V. S. No. 1

PLACE OF DEATH	14605 STATE OF MARYLAND
County Prince George	CERTIFICATE OF DEATH Registration Dist. No. 2 5
Village or City Jensy (No. 6) 2FULL NAME Saura Verginia	
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, Married Willowed, OR DIVORCED (Write the word)	16 DATE OF DEATH December 16 , 1931 (Month) (Day) (Year)
6 DATE OF BIRTH Dec 17, 1868 (Month) (Day) (Year)	17 I HEREBY CERTIFY, That I attended the deceased from 193/ to 192 that I last saw h Malive on 100. 15, 193/,
7 AGE 6 3 yrs. 11 mos. 19 ds. or min.?	and that death occurred on the date stated above, at 7.50A.m. The CAUSE OF DEATH * was as follows:
a) Trade, profession or particular kind of work	Myocarditis
(b) General nature of industry business, or establishment in which employed or (employer)	Contributory (Durstion) f yre mos de.
9 BIRTHPLACE (State or country) St. Mary County, MA	Secondary (Durstion) Tree Jnos 2 who
10 NAME OF Walter G. Proctor	(Signed) John Malgney M. D.
State or country) St. Mary's County, Md	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
OF MOTHER Mary Leavy 13 BIRTHPLACE	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans- ients or Recent Residents)
OF MOTHER (State or Country) St. Mary's Country, Md.	At place of deathyrsmosds. Stateyrsmosds.
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, if not at place of death?
(Address) (15 Ball. Blog - Senox ma)	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL Dec 18 19 31
15 Filed Dec. 16' 1981 Mrs. Jao. Servere	20 UN DERTAKER G. Gaselis In Bladen Tung
	, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

cupation is very important, so that the relative healther," etc., without more precise specimeaning as Laborer, Farm laborer, Laborer—Coal mine, etc. Women at home, who are engaged in the duties of the Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The material should be used only when needed. As examples: (a) additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is necesfulness of various pursuits can be known. The ques-Statement of Occupation-Precise statement of ocwhatever, write None. tired 6 yrs). For persons who have no occupation business, that fact may be indicated thus; Farmer (restate occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH, gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Housework, or At Home, and children, not gainfully emhousehold only (not paid Housekeepers who receive a worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealnature of the business or industry, and therefore an Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of For many occupations a single word or term on

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhold fever (never report "Typhold Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

stated unless important. inges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of (name origin; "Cancer" is less definite; avoid taken. FOR VIOLENT DEATHS state MEANS OF INJURY and qualify as ACCIDENTAL, SUICIDAL OF HOMICIDAL diseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. "Exhaustion," "Heart failure," "Inemorrhage," "Inamition," "Marasmus," "Old Age," "Shock," "Debility" ("Congenital," "Senile," etc.), "Dropsy," ("Exhaustion," "Heart failure," "Haemorrhage," approved by Committee on Nomenclature of the tetanus) may be stated under the head of "contributory." accident; Revolver wound of head-homicide; Poisoned by State cause for which surgical operation was undercan be ascertained as the cause. Always qualify all "Uraemia," "Weakness," etc., when a definite disease tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), (secondary or intercurrent) affection need not be Whooping cough; Chronic valuular heart disease; Chronic interstitial nephritis, etc. The contributory use of "Tumor" for malignant neoplasms); Measles; unqualified, is indefinite); Tuberculosis of lungs, men-American Medical Association.) (Recommendations on statement of cause of death as fracture of skull, and consequences (e.g., sepsis, carbolic acid-probably suicide. The nature of the injury, Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely. "Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condi-Example: Measles (disease

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

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If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

STATE OF MARYLAND—CERTIFICATE OF DEATH

(Year)

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, eotton mill, etc.

Distinguish earefully the different kinds of engineers by stating the full descriptive titles, as eivil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as earpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of eause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago	
REPEAU V. S.				
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

ADDITIONAL SP	ACE FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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Example I The principal cause of death and related causes		Example II	
The principal cause of death and related causes of importance were as follows: Arteriosclerosis	Date of onset	The principal cause of death and related causes of importance were as follows: Attack of epilepsy	Date of onset 1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL S	SPACE FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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Example CEIVE		Example II		
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Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
Other contributory causes of importance:		Other contributory causes of importance:	Fire like	
Gallstones	May 1,1923	Gastroenteritis	1 year	

ADDITIONAL	SPACE FO	OR FURTHER	STATEMENTS	BY	PHYSICIAN

No. 1 30

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PLACE OF DEATH

County Prince Senger	GERTIFICATE OF DEATH Registration Dist. No. 23/
Village or City Capital View Md.	St: Ward) (If death occurred in a hospital or institu-
2FULL NAME Clizabeth Wals	ker stead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Female Negro Single. MARRIED, Widowed OR DIVORCED (Write the word)	16 DATE OF DEATH December 23 rd, 1981
6 DATE OF BIRTH	17 I HEREBY CERTIFY, That I attended the deceased from
Canknown - , 1 (Month) (Day) (Year)	that I last saw halive on, 192,
7 AGE If LESS than 1 day hrs. mos. ds. or min.?	and that death occurred on the date stated above, at
6 OCCUPATION (a) Trade, profession or particular kind of work (b) General nature of industry business, or establishment in which employed or (employer) 9 BIRTHPLACE (State or country) 10 NAME OF FATHER 7 Authorson	Contributory Secondary (Duretion) (Duretion) (Duretion) (Signed) John J. Famler Getting Comments
OF FATHER (State or country) William State of Country) (State or Country)	*State the Piscase Causing Peath, or, In deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
OF MOTHER Continue	18 LINGTH OF RESIDENCE (For Hospitals, Institutions, Trans- ients or Recent Residents)
13 BIRTHPLACE OF MOTHER (State or Country) 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	At place of death
(Interment) Mary Washington (Address) Capital View maryland	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL Proffs. Na Dec 27, 19.8 (
Filed Dee 2 1 191 M. D. Spiers. Registras	20 UNDENTAYER JOHN Bladushurg
If more banks are needed, addre.s Ltate Kegistra	r, 16 W. Saratoga St., Balto., Requesting V. S. Ivo. 1.

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STATE OF MARYLAND

(Approved by U. S. Census and American Public Health Association.)

fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocshould be used only when needed. As examples: (a) additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e. g.. Farmer or Planter, tion applies to each and every person, irrespective of laborer, Farm laborer, Laborer-Coal minc, etc. Women at home, who are engaged in the duties of the Spinner, (b) Cotton mill; (a) nature of the business or industry, and therefore an Physician, Compositor, Architect, Locomotive engineer, state occupation at beginning of illness. If retired from gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed definite salary), may be entered as Housewife, Houseworked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealwhatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken household only (not paid Housekeepers who receive a Foreman, (b) Automobile factory. The material For many occupations a single word or term on or At Home, and children, not gainfully emyrs). without more precise specification as For persons who have no occupation Salesman, (b) Grocery,

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemia cerebrosinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia,"); Lobar pneumonia, Bronchopaeumonia ("Pneumonia,")

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If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

BUREAU

If more blanks are needed, address State Registrer, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

BINDING

MARGIN RESERVED

STATE OF MARYLAND—CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Evamula II

	Example I	t - Let h	Example 11	
The principal cause of importance were	of death and related causes'	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1 - MN 4 100	1915	Attack of epilepsy	1 week ago
Chronic interstitial neg	phritis	1921	Run over by street car	1 week aga
Cerebral hemorrhage	BURRAL V &	July 5, 1927	Peritohitis	3 days ago
	No. of the second secon	,		
Other contributory	causes of importance:		Other contributory causes of importance:	
Gallstanes		May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

PHYSICIANS should state Exact statement of OCCUPA-CORD. Every item of infor-AGE should be stated EXACTLY. WITH UNFADING INK-THIS IS A PERMANENT properly classified. MARGIN RESERVED FOR BINDING CAUSE OF DEATH in plain terms, so that it may mation should be carefully supplied.

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TION is very important. See instructions on back of certificate.

STATE OF MARYLAND-CERTIFICATE OF DEATH

1. PLAC	E OF DEAT	ГН	, ,,,,,,,,			
County	Prince	e George		(1	.30) Registration Dist. No. 23	4
Village	or City Acc	cckeek	death occurred		A1	Ward
			Washingto			
	esidence: No.			¥4	St., Ward.	
(4) 110	saldence. No		(Usual place	of abode)	If nonresident give city or town	and State
PER:	SONAL AN	D STATIST	ICAL PARTI	CULARS	MEDICAL CERTIFICATE OF DEAT	Н
3. SEX mal		lack	5. SINGLE, MAR OR DIVORCEI Marrie	RIED, WIDOWED, D (write the word) d	21. DATE OF DEATH December 27 (Month) (Day)	, 193 1 (Year)
5e. If married, HUSBANI	widowed, or divor	rced				
(or) WIFE	of				22. I HEREBY CERTIFY, That i attended to the second	
6 DATE OF B	IRTH (month, day	and year\	_	2000	I last saw h_im_aliva onDec_e_2419	
7. AGE	Years	Months	Days	1872 If LESS than	to have occurred on the date stated above, at 9:30 Am.	E. P , Ueath is said
	59	6	22	1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of Importence were as follows:	
8. Trade,	profession, or pa	rticular		, 0122222111111		Date of onset
SA SA	d of work done, a WYER, BOOKKEEI		Farmer		Acute Nephritis	
9. Indust	ry or business in rk was done, as S	which				
	W MILL, BANK, e leceased last worl		l 11 Total ti	me (vears)		
- (111	s occupation (mon	th and	sper	nt in this		
12. BIRTHPLA	CE (city or town)_ or country)	Prin	ce-George	County	Othar Contributory Causes of Importance:	
13. NAME	John	n Washin	gt on			
13. NAME	PLACE (city or to	Princ	e George	County	Name of operation Dete	
(St	ate or country)	wii)			What test confirmed diagnosis?	
15. MAIDE	N NAME Jul	ia Layto	n		23. If daath was due to external causes (VIOLENCE) fill in also tha follo	
15. MAIDEN NAME Julia Layton 16. BIRTHPLACE (city or town) Prince George County (State or country)			e George	County	Accident, sulcide, or homicide? Date of injury Where did injury occur?	
17. INFORMANT Mrs. Elizabeth Washington (Address) Accokeek, Md.				ton	(Specify city or town, county and Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC	State) PLACE.
18. BURIAL, CREMATION, OR REMOVAL Placa Pomonkey Date Dec. 30, 19 31				. 30,,19 3]	Manner of injury	
19. UNDERTAKER Mr. John Brown (Address) Bryans Road					.24. Was disease or injury in any way related to occupation of decaased?	
20. FILED 12/28/31 19 Rena Hurtt				Registrar,	(Signed) (Address) Waldorf	M. D.

V. S. No. 1

N. B.—WRITE PLAINLY

Statement of occupation .- Precise statement of occupation is very important, so that the relative healthfulness of various pursuits ean be known. Make some entry in this section for every person aged 10 years or over. If the deeeased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant-private family, cook-hotel, etc. For a person who had no occupation whatever write none.

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8.—The trade, profession, or particular kind of work done.

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9.—The industry or business in which the work was done.

1/5/32

10.—The month and year the deceased last worked at the occupation 11.—The number of years the deceased followed the occupation. BUR AU VS

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Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
Other contributory causes of importance ZEGI 43 Gallstones	Mad 7,1923	other contributory causes of importance;	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

BINDING

MARGIN RESERVED FOR

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	12010
PLACE OF DEATH	STATE OF MARYLAND
County (7. Two	CERTIFICATE OF DEATH
	6/3/
7:11-1-11	Registration Dist. No.
Village or City MI CHUM Welf MIG	St.: Ward) (If death occurred in
2FULL NAME Ida Wis	St: Ward) (If death securred in a hospital or institu- tion, give its NAME in- stead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	1 MEDICAL CONTROL OF
3 SEX 4 COLOR OR RACE 5 SINGLE.	MEDICAL CERTIFICATE OF DEATH
Temale Colored (With the word)	(Month) (Day) (Year)
6 DATE OF BIRTH	17 HEREBY CERTIFY, That I attended the deceased from
July 11 .013-	MUC 18 198/ 10 MUC. 26 ,193/.
(Manh) (Day) (Year)	that I last eaw her alive on Mer 27 198/
7 AGE [If LESS than	and that death occurred on the date stated above, at 12:30 9
// dayhrs.	
/6 yrs. 3 mos. 24 ds. or min.?	
© OCCUPATION (a) Trade, profession or	117
particular kind of work	totes municipal
(b) General nature of industry business, or establishment in	, , , , , , , , , , , , , , , , , , , ,
which employed or (employer)	(Duration) yrs. mos. /O de.
9 BIRTHPLACE	Contributory
(State or country) Mamaman	01
10 NAME OF	(Dutation) yrs mos de,
FATHER / Mondal Welsen	(Signed) M. D.
0) 11 BIRTHPLACE OF FATHER	2 20 1921 (Address) 30 10 11 14 14
OF FATHER (State or country) Muyland 12 MAIDEN NAME ()	*State the Discase Causing Death, or, in deaths from Violent Causs, state (1) Means of Injury and (2) whether
C 12 MAIDEN NAME & T.	Accidental, Suicidal of Homicidal.
of MOTHER Ratel young	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans- ients or Recent Residents)
13 BIRTHPLACE OF MOTHER	At place in the
(State or country) Many and	of death. yrsds. Stateyrsde.
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, if not at place of death?
Reserved Wolson	Former or usual residence
(Informant) Dienilla Welselo	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
(Address) multiplesselle 1119	f) 7 (21 31
15 /Mag 21/11 128	20 UNDERTAKER ADDRESS
Filed 129 1903 Jung They Son	Thee Chape Meterelles

If more branks are needed, address State Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

er,' etc., willow Laborer, Laborertired 6 yrs). state occupation at beginning of illness. If retired from guged in domestic service for wages, as Servant, Caok, definite salary), may be entered as Housewife, House-Spinner, (b) Collon mill; (a) Salesman. (b) Grocery; (a) Foreman, (b) Automobile factory. The material should be used only when needed. As examples: (a) additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is necesthe first line will be sufficient, e. g., Farmer or Planter, fulness of various pursuits can be known. The quescupation is very important, so that the relative health whatever, write None. business, that fact may be indicated thus; Farmer (ne or given up on account of the DISEASE CAUSING DEATH. Housemaid, etc. If the occupation has been changed to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken household only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the Never return 'Laborer,'" Foreman," "Manager," "Dealworked on may form part of the second statement nature of the business or industry, and therefore an Civil engineer, Stationary fireman, etc. But in many tion applies to each and every Statement of Occupation-Precise statement of oc-Physician, Compositor, Architect, or At Home, and children, For many occupations a single word or term on without more precise specification as Day For persons who have no occupation -Coal mine, etc. person, irrespective of Locomolive engineer not gainfully em-Wom-

Statement of Cause of Death—Name, first, the risk EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cercbros pined fever (the only definite synonym is "Epidemic cerebros pinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia Bronchopneumonia ("Pneumonia");

atic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," stated unless important. Example: Measles (disease State cause for which surgical operation was under-"PUERPERAL scpticaemia," "PUERPERAL perilonitis, "Uraemia," "Weakness," etc., when a definite disease 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), Chronic interstilial nephrilis, use of "Tumor" for malignant neoplasms); Measles inges, peritonaeum, etc., Carcinoma, unqualified, is indefinite); Tuberculosis of lungs, menapproved by Committee on Nomenclature of the lelanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e.g., sepsis carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, diseases (secondary or intercurrent) affection need not be Whooping cough; Chronic valvular heart disease; American Medical Association.) (Recommendations on statement of cause of death .. (name origin; "Cancer" is less definite; avoid FOR VIOLENT DEATHS state MEANS OF INJURY resulting from childbirth or miscarriage etc. The contributory Sarconu,, etc., of

If this certificate is looked over thoroughly and all questions answered in derail, it will prevent further correspondence. A I the data is essential and must be obtained before the certificate is permanently filed.

V. S. No. 1

PLACE OF DEATH	STATE OF MARYLAND
County J. Jeo,	CERTIFICATE OF DEATH,
7 7:40	Registration Dist. No. 20/
Village or City Mear. Myst Chela	elle hell se. Wood) (If death occurred i
The state of the s	St: Ward) (If death occurred a hospital or institution, give its NAME i
2FULL NAME Mornas A	ure Welson stead of street an number.)
PERSONAL AND STATISTICAL PARTICULARS	
3 SEX 4 COLOR OR RACE 5 SINGLE.	V MEDICAL CERTIFICATE OF DEATH
To a a disposed willowed will	16 DATE OF DEATH MILE IN 108/
Mall Coweld (Write the word)	(Month) (Day) (Year),
6 DATE OF BIRTH	17 I HEREBY CERTIFY, That I attended the deceased from
Vebruan 19 1851	. 10/0 107 3/ 60/0 10
(Mg/th) (Day) (Year)	1.0 10 C
7 AGE If LESS the	- 11.114
O a ldov h	The state of the s
80 yrs. 9 mos. 21 ds. or min	1.7
B OCCUPATION (a) Trade, profession or	
particular kind of work J WMES	Whenos Clerosis
(b) General nature of industry business, or establishment in	
Which employed or (employer)	(Duration)yrs,d
9 BIRTHPLACE (State or country)	Contributory Secondary
municing	(Duration)
FATHER / PROJECT / I PAGE OF	(Signed) Cucustes M. D.
11 BIRTHPLACE	-12-11 1931 (Address) Bowie, My
OF FATHER MAG	
[ii]	*Stato the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
of MOTHER MULLING WARTONS)	16 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans
13 BIRTHPLACE —7	ients or Recent Residents)
OF MOTHER (State or Country) Man Tand	At place In the of deathyrsmosds. Stateyrsmosd
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, if not at place of death?
	Former or
(Interment) / Charf Welson	usual residence.
(Address Mitchelville hull	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
(Audiess)	- Onew Enaper
15 Filed 1/12 19031 Bears Papel	2D UNDERTAKER
Registrar	Glaran Toreach Mickelula
If more banks are needed, address State Registr	rar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The material fulness of various pursuits can be known. The quesshould be used only when needed. As examples: (a) additional line is provided for the latter statement; it cupation is very important, so that the relative health-Statement of Occupation-Precise statement of octired 6 yrs). For persons who have no occupation definite salary), may be entered as Housewife, Housenature of the business or industry, and therefore an sary to know cases, especially in industrial employments, it is neces-Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomolive engineer, the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of business, that fact may be indicated thus; Farmer (restate occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH, Housemaid, etc. If the occupation has been changed gaged in domestic service for wages, as Servant, Cook ployed, as At school, or At home. Care should be taken household only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement whatever, write None. report specifically the occupations of persons en-For many occupations a single word or term or or At Home, and children, not gainfully em-Farm laborer, Laborerwithout more precise specification as Day (a) the kind of work and also (b) the -Coal minc, etc. Wom-

Stretement of Cause of Death—Name, first, the Dis-EART CAUSING DEATH (the primary affection with respect to time and causation), using always the same accept ed term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Spinal meningitis"); Diphtheria (avoid Pneumonia"); Typhoid fever (never report "Typhoid Pneumonia,");

> "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease tions, such as "Asthonia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Ethaustion," "Heart failure," "Haemorrhage," causing death), 29 ds.; Bronchopneumonia (secondary), (secondary or intercurrent) affection need not be stited unless important. Example: Measles (disease Chronic interstitial nephritis, use of "Tumor" for malignant neoplasms); Measles; unqualified, is indefinite); Tuberculosis of lungs, mentelanus) may be stated under the head of "contributory." carbolic acid-probably suicide. Then ture of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. diseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL perilonitis," etc. approved by Committee on Nomenclature as fracture of skull, and consequences (e.g., sepsis, and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, State cause for which surgical operation was undercan be ascertained as the cause. Always qualify all Examples: Accidental drowning; Struck by railway train American Medical Association.) Recommendations on statement of cause of perilonaeum, etc., Carcinoma, Sarcoma, etc., of Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS state MEANS OF INJULY cough; Chronic valvular heart etc. The contributory disease;

If this certificate is looked over thoroughly and all qu stions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

2

PLACE OF DEATH rated EXACTLY roperly classifie certificate. Ward) PERSONAL AND STATISTICAL PARTICULARS 3 SEX 4 COLOR OR RACE 5 SINGLE. 16 DATE OF DEATH MARRIED. WIDOWED, OR DIVORCED (Month)-(Write the word) 6 DATE OF BIRTH m (Month) (Day) (Year) 7 AGE IIf LESS than I day hrs. The CAUSE OF DEATH * was as follows: 8 OCCUPATION (a) Trade, profession or ESER fain t. Se particular kind of work (b) General nature of industry b business, or establishment in porta (Duration) Which employed or (employer) Contributory MARGIN 9 BIRTHPLACE Secondary (State or country) EA 1D NAME OF CAU (State or country) Accidental, Suicidal or Homicidal. AR 18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transstate CCUPA ients or Recent Residents) 13 BIRTHPLACE In the OF MOTHER State yrs...... mos... 00 (State or country) Where was disease contracted, should ent of 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE if not at place of death? usual residence (0) BURIAL OF PEMOVAL Every CIANS stater

STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No. 20

(If denth occurred in o hospital or institu-tion, give its NAME in-

stead of street and number.)

MEDICAL CERTIFICATE OF DEATH

(Day)

I HEREBY CERTIFY. That I attended the deceased from

and that death occured on the date stated obove, at

*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) whether

If more blanks are naeded, address State Registrar, 16 W. Saratoga St, Walto Renjesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

fulness of various pursuits can be known. The quescupation is very important, so that the relative health Statement of Occupation - Precise statement of ocer," etc., without more precise specification as Day Laborer, Farm laborer, Laborer—Coal mine, etc. Wonnen at home, who are engaged in the duties of the Npiener, (b) Collon mill; (a) Salbsman, (b) Grocery; (a) Foreman, (b) Automobile factory. The material should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an cases, especially in industrial employments, it is neces-Physician, Compositor, the first line will be sufficient, e.g., Farmer or Plunter, tion applies to each and every person, irrespective of to report specifically the occupations of persons enworked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager." "Dealer," etc., without more precise specification as Day tweet 6 state occupation at beginning of illness. If retired from gaged in domestic service for wages, as Servant, Cook, played, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Housewhatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH. Househaid, etc. If the occupation has been changed household only (not paid Housekeepers who receive a Foreman, to know (a) the kind of work and also (b) the engineer, For many occupations a single word or term on or At Home, and children, not gainfully emyrs). For persons who have no occupation Stationary fireman, etc. Architect, Locomotive engineer, But in many

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: ('crebrashuol fewer' the only definite synonym is "Epidemic cerebrosinal meningitis"; Diphilheria (avoid use of "Croup"); Typhoid fewer never report "Typhoid Pneumonia"; Lobar pneumonia, Branchapneumonia ("Pneumonia,")

"(Inanition," "Marasmus," "Old Age, "Debility" ("Congenital," "Senile," ctc.), "Dropsy, "Exhaustion," "Heart failure," "Haemorrhage, tions, such as "Asthenia," "Anaemia" (merely symptomstated unless important. "PUERPERAL seplicacmia," "PUERPERAL perilonilis, causing diseases resulting from childbirth or miscarriage as approved (Recommendations on statement of cause of tetanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e. g., sepsis, carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by Examples: Accidental drowning; Struck by railway train or as probably such, if impossible to determine definitely and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. FOR VIOLENT DEATHS state MEANS OF INJURY State cause for which surgical operation was undercan be ascertained as the cause. Always qualify all secondary or intercurrent) affection American Medical Association.) "Atrophy," "Collapse, Never report mere symptoms or terminal condi-"Tumor" interstitial nephritis, death), 29 ds.; Bronchopneumonia (secondary), (name origin; "Cancer" is less definite; avoid ilonaeum, etc., Carcinoma, Sarcona, cough; by Committee on is indefinite); Tuberculosis of lungs, menfor malignant neoplasins); Chronic ," etc., when a definite disease Example: Measles (disease ," "Coma," "Convulsions, etc. The valeular heart discuse; Nomenclature need not be contributory " "Shock," Measles; etc., of

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S. No. 1

STATE OF MARYLAND—	CERTIFICATE OF DEATH 14615
1. PLACE OF DEATH	
County It Euros Transa	Registration Dist. No. 0, 145
Village or City Ayattshelle	No. St., Ward
	death occurred in a horpital or institution, give its NAME instead of street and number) ds. How long in U.S. If of foreign birth?yrsmosds.
2. FULL NAME Frederick Kennetto 21	orley
(a) Residence: No. (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH / 2 4 193 /
5a. If married, widowed or divorced HUSBANO of (or) WIFE of Schaldwick Ladord	22. 1 HEREBY CERTIFY, Thet lyattended deceased from
6. DATE OF BIRTH (month, day, and year) 8-31-1908	I last saw h. DA alive on /2// 1934 deeth is said
7. AGE Years Months Days If LESS than	to have occurred on the dete steted above, a 5m.
2 3 1 3 1 dey,	The PRINCIPAL CAUSE OF DEATH and related causes of Importance
8. Trede, profession, or particular kind of work done, as SPINNER. Thursday	Date of oncet
Industry or business in which work was done, es SILK MILL, SAW MILL, BANK, etc	Gent alsoholismes
Oate deceased last worked at this occupation (month end year)	
12. BIRTHPLACE (city or town) Agallante (State or country) Princip Ges Co Mid-	Other Contributory Causes of Importance:
I 13. NAME D. It. Storley	
14. BIRTHPLACE (city or town) Acrusbing Pa	Neme of operation Dete of
(State of country)	Whet test confirmed diagnosis? Was there en eulopsy
= 15. MAIDEN NAME Many Charlott Manyour	23. If death was due to external causes (VIOL ENCE) fill in also the following:
15. MATOEN NAME Many Charlotte Manyour 16. BIRTHPLACE (city or town) (State or country) (State or country)	Accident, suicide, or homicide? Date of injury, 19 Where did injury occur?
17. INFORMANT A J. Carbania (Address) Strutterille next	(Specify city or town, county and State) Specify whether Injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. PIECE J LONGE Washing New 1, 1931	Manner of injury
19. UNOERTAKER H. Has one Some	24. Was disease or injury in eny way related to occupation of deceased?
20. FILEO Des 5", 1931 Mondas James	(Signed) Mend Jays M. D.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Houesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, inill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

The principal cause of death and related causes		Example II	
of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis IAN 6 18.2	1915	Attack of epilepsy	1 week ago
Chronie interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
	- (co)		
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN